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| **INFECTION PREVENTION AND CONTROL AUDIT –**  |
| **Home:** |  | **Unit:** |  | **Date:**  |  |
| **Name of Auditor:** |  | **Signature** |  |

**Aims and Objectives:**

* To achieve consistency in the quality of Infection Prevention and Control throughout SERVICE NAME;
* To ensure safe practice and compliance with NMC Guidelines (where applicable) and (ADD ORGANISATION NAME) policy, CQC.
* To meet the Standards of the appropriate Regulatory Body/Bodies;
* To meet the audit requirements of the appropriate Regulatory Body/Bodies.
* To ensure best practice and quality assurance.

**Administration of Prevention and Control Audit :**

* The full audit will take place at least twice a year;
* All Registered Nurses, Housekeepers or Team Leaders for Residential settings should have the opportunity to complete this audit;
* The Home Manager is responsible for the collation of audits and scores from their respective units;
* Completed audits, including action plans and timescales, must be placed in the Home’s Evidence File and available for any visiting Contractor or Regulatory Inspector.

**Process:**

* **An audit will be completed on each separate unit within the Home**
* The sample to be audited is 10 rooms or 25% of the total number of rooms on a unit, whichever is greater.
* The audit may be completed over the month not necessarily in one day e.g 3 sections for three weeks and 2 sections in week 4 (11sections) for facilities within England.
* Ensuring that all cleaning schedules are available for review will lessen the time required to complete the audit.

**Scoring:**

* Each section can be scored individually on the score sheet and collectively to achieve an overall percentage score.
* The percentage can be calculated by dividing the actual score by the possible score, excluding the ‘n/a’s’, and multiplying by 100.

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| **INFECTION PREVENTION AND CONTROL AUDIT – 6 monthly**  |
| **Home:** |  | **Unit:** |  | **Date:**  |  |

**Section 1 – Environment**

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| **Standard: The Care Home environment will be maintained appropriately to reduce the risk of cross infection.**  |

**Resident Bedroom: (Choose 10 bedrooms OR 25% of the total number of rooms whichever is greater.)**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | The bedroom and ensuite is clean, well presented, in a good state of repair and uncluttered i.e. walls, floor coverings, furniture, equipment including bedrails commodes etc. |  |  |  | Observe |  |
| **2** | All mattresses, including pressure-relieving mattresses are clean on both sides and in a good state of repair. |  |  |  | Check mattresses and records. |  |
| **3** | There is evidence of a cleaning regime for both bed and pressure relieving mattress and cleaning schedules are monitored by the Home Manager |  |  |  | Check records |  |
| **4** | If areas contaminated, use chlorine based disinfectant. E.g. Titan Chlorine tabs  |  |  |  | Ask colleagues |  |
| **5** | Bed frames, bedside tables and bedside cabinets are clean and free from dust. |  |  |  | Observe |  |
| **6** | Fans, if used, are clean and free from dust and there is a cleaning schedule in place. |  |  |  | Check records |  |

**Equipment: (Check all equipment on each unit)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7** | There is recorded evidence that all hoists are clean, in a good state of repair and serviced annually. |  |  |  | Check records |  |
| **8** | There is recorded evidence that all slings are numbered, clean and washed regularly. |  |  |  | Check records |  |
| **9** | Hoist slings are designated to individual resident’s i.e. sole usage and appropriate to their needs. |  |  |  | Ask colleagues |  |
| **10** | Slide sheets, manual handling belts and transfer items are individually numbered, visibly clean and there is recorded evidence that they are washed at least weekly and it is clear they are for the use of individual residents. |  |  |  | Observe and check records |  |
| **11** | There is recorded evidence that all wheelchairs both communal and individual are clean and in a good state of repair. |  |  |  | Observe and check records |  |
| **12** | There is recorded evidence that all mobility aids are clean, named and in a good state of repair. |  |  |  | Observe and check records |  |

**Treatment Room: (Check each room)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | Yes | **No** | **N/A** | Evidence | Comment |
| **13** | The room is clean and dust free. (Check high level.) |  |  |  | Observe |  |
| **14** | There is evidence of a cleaning schedule.  |  |  |  | Check Records |  |
| **15** | The room is free of inappropriate equipment |  |  |  | Observe |  |
| **16** | Work surfaces are clean and in a good state of repair |  |  |  | Observe |  |
| **17** | Suction machines are stored dry and have been checked on a weekly basis |  |  |  | Observe and check records |  |
| **18** | All sterile products are stored above floor level. (Excluding recent deliveries of new stock which are to be put away.) |  |  |  | Observe |  |
| **19** | Items of sterile equipment are in date.  |  |  |  | Observe |  |
| **20** | Dressing trolleys/trays are clean and in good state of repair and used solely for dressings |  |  |  | Observe |  |
| **21** | The refrigerator is only used for storing medication |  |  |  | Observe |  |
| **22** | The refrigerator’s temperature is checked twice daily and if the temperature is above recommended levels, there is evidence that appropriate action has been taken. |  |  |  | Observe and check records |  |
| **23** | There should be hand washing facilities with liquid soap, paper towels and a foot operated pedal bin. |  |  |  | Observe |  |

**Bathroom: (choose two bathrooms in each unit)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **25** | The bathrooms/shower units are clean and free from communal items such as toiletries or continence products. |  |  |  | Observe |  |
| **26** | Bathrooms/showers are not used for storage |  |  |  | Observe |  |
| **27** | Anti-slip bath/shower mats are clean and hung over bath rail to dry between use |  |  |  | Observe |  |
| **28** | Shower heads and trays are free from lime scale |  |  |  | Observe |  |
| **29** | Baths are free from chipped enamel. |  |  |  | Observe |  |
| **30** | There is recorded evidence that the bath hoist is cleaned between use |  |  |  | Observe and check underside. |  |
| **31** | Hand washing facilities are available in all bathrooms with liquid soap, paper towels and foot operated pedal bins. |  |  |  | Observe |  |
| **32** | Appropriate cleaning materials are available for staff to clean the bath between uses (there is information regarding its whereabouts). |  |  |  | Observe |  |
| **33** | Communal areas are in a good state of repair; damaged and cracked tiles replaced; paintwork and seals around sinks/baths etc. are intact. Floor to wall joins are free from dust and grit. |  |  |  | Observe |  |

**Resident Toilets: (Communal area)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **34** | The toilets and surrounding areas are clean and free from all extraneous items such as continence products or other items. |  |  |  | Observe |  |
| **35** | Seat raisers are clean and free from spillage. |  |  |  | Observe and check underside. |  |
| **36** | Cleaning materials, including gloves are available for colleague use. |  |  |  | Ask colleagues |  |
| **37** | Cleaning materials are appropriately stored under COSHH regulations. |  |  |  | Observe |  |

**Sluice/Dirty Utility Rooms: (Inspect in each unit)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria**  | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **38** | Sluices are free of unpleasant odours. |  |  |  | Observe |  |
| **39** | The sluice is clean and free from spillages and all products are stored above floor level |  |  |  | Observe and check behind the bed pan washer. |  |
| **40** | There is a hand wash basin with liquid soap, paper towels and foot operated pedal bins. |  |  |  | Observe |  |
| **41** | The sluice is free from inappropriate items. |  |  |  | Observe |  |
| **42** | Wash bowls are clean /dry and inverted in the resident’s own ensuite and not in the sluice |  |  |  | Observe |  |
| **43** | Clean bedpans and urine bottles are stored inverted on racks. |  |  |  | Observe |  |
| **44** | Commodes/commode pans are stored appropriately and ready for use. |  |  |  | Observe |  |
| **45** | Commodes are clean in a good state of repair.  |  |  |  | Observe and check under seat of commode. |  |
| **46** | The sluice mop is:-1. Stored head up.
2. Bucket is empty and stored inverted.
3. Colour coded.
 |  |  |  | Observe |  |
| **47** | The bedpan washer is in full working order including the detergent feed. |  |  |  | Observe |  |
| **48** | The bedpan washer operates and holds temperature.  |  |  |  | Check records for 81°C for one minute. |  |
| **49** | The macerator (if in use) is clean and in working order. |  |  |  | Observe |  |

**Domestic’s Room:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **51** | There is a designated colour coded system in place for all domestic cleaning equipment. |  |  |  | Observe |  |
| **52** | The equipment used is clean, well maintained and suitably stored in a locked cupboard. |  |  |  | Observe |  |
| **53** | Machines used to clean floors are clean and dry. |  |  |  | Observe |  |
| **54** | No inappropriate equipment is stored in the domestic’s cupboards. E.g. Clinical equipment, outdoor clothes etc. |  |  |  | Observe |  |
| **55** | Approved products are used for cleaning and are at the correct dilution. (COSHH guidelines are available.) |  |  |  | Observe |  |
| **56** | Personal protective clothing, gloves and aprons are available and named if appropriate. i.e goggles. |  |  |  | Observe |  |
| **57** | The changing facilities for colleagues are clean, tidy and in good state of repair. |  |  |  | Observe |  |

**Staff Changing Facilities:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **58** | Hand washing facilities with liquid soap, paper towels and foot operated pedal bins are available.  |  |  |  | Observe |  |
| **59** | All colleagues follow SERVICE NAME’s Uniform policy |  |  |  | Observe |  |

###### Section 2 – Waste Disposal

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| **Standard: Waste is disposed of safety without risk of contamination or injury** |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | The waste disposal policy and /or chart is available to colleagues. |  |  |  | Ask colleagues |  |
| **2** | Waste bins in use are colour coded in line with policy. |  |  |  | Observe |  |
| **3** | All waste bins for clinical waste are foot operated, clean and in working order. |  |  |  | Observe |  |
| **4** | All waste bins have lids and are clean. |  |  |  | Observe |  |
| **5** | Appropriately coloured bags are available in all sluice and treatment areas. |  |  |  | Observe |  |
| **6** | There is correct segregation of glass, clinical and household waste. |  |  |  | Observe |  |
| **7** | Pharmaceutical waste is stored and disposed of as per Company Policy |  |  |  | Observe |  |
| **8** | Waste bags are less than ¾ full and securely sealed. |  |  |  | Observe |  |
| **9** | Sluices are odour free. |  |  |  | Observe |  |
| **10** | The internal and external bin areas are clean |  |  |  | Observe |  |
| **11** | All colleagues receive training on the safe handling of clinical waste and this is documented in the training file. |  |  |  | Check training file. |  |
| **12** | General waste bins in bedrooms and offices have liners. |  |  |  | Observe |  |
| **13** | External storage is locked and inaccessible to unauthorised persons. |  |  |  | Observe |  |

**Section 3 – Sharps: Handling and Disposal**

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| **Standard: Sharps will be handled safely to minim the risk of sharps injury** |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | A container as specified by BS7320 or equivalent, is in use and is available in all clinical and treatment areas. |  |  |  | Observe |  |
| **2** | The box is filled no more than 2/3rds full and are visibly clean with no body substances, dust, dirt or debris |  |  |  | Observe |  |
| **3** | The box is free from protruding sharps. |  |  |  | Observe |  |
| **4** | The sharps box is correctly assembled and labelled, with a signature and date of assembly |  |  |  | Observe |  |
| **5** | Sharps are disposed of directly into sharps box following use. |  |  |  | Observe |  |
| **6** | Sharps boxes are stored above floor level and of out reach of the public and children. |  |  |  | Observe |  |
| **7** | There is no evidence in the bin of re sheathing of needles |  |  |  | Observe |  |
| **8** | Sharps boxes are sealed with a signature and date on label prior to disposal. |  |  |  | Observe |  |
| **9** | The safe system for use and disposal of sharps is displayed near each sharps bin. |  |  |  | Observe |  |
| **10** | Colleagues are aware of the policy for dealing with needle stick injuries. |  |  |  | Ask colleagues |  |

**Section 4 – Cleaning and Disinfection**

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| **Standards: Equipment will be cleaned/decontaminated appropriately to reduce the risk of cross infection**  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | Colleagues are able to describe how to clean/disinfect the following:-a) A bath following useb) A resident has urinated on the corridor carpet.c) A resident has vomited on the bathroom floord) A container of urine has been spilt on the sluice floor. |  |  |  | Ask a member of both Care and Housekeeping staff. |  |
| **2** | General purpose detergent is available in correct dilution for use?1. In communal Areas
2. In resident rooms
 |  |  |  | a)b) |  |
| **3** | There is a cleaning regime for floor coverings and furniture?1. In communal areas
2. In residents’ rooms
 |  |  |  | a)b) |  |
| **4** | Chlorine releasing agents are available to manage body fluid spillages. |  |  |  |  |  |
| **5** | COSHH data sheets are available for all disinfectants and cleansing agents used in the home.  |  |  |  | Check Records. |  |

**Section 5 – Hand Hygiene**

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| **Standard: Hands will be washed correctly, using an appropriate cleansing agent and sink** |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | Hand washing basins conform to current recommended guidance. |  |  |  | Observe |  |
| **2** | There are lever operated taps available at all hand washing basins. |  |  |  | Observe |  |
| **3** | The hand wash basins have a hot water supply, and it is clearly marked near the sink “hot water”. |  |  |  | Observe and check records |  |
| **4** | Hand wash basins are designated for that purpose alone i.e. not used for the disposal of water and washing up. |  |  |  | Observe |  |
| **5** | Liquid soap is available at ALL sinks in communal/colleague areas. |  |  |  | Observe |  |
| **6** | Paper towels and foot operated pedal bins are available at ALL sinks in communal /colleague areas. |  |  |  | Observe |  |
| **7** | Hand wash basins are free from used equipment.(e.g. medicine pots which are soaking ,nail brushes etc.) |  |  |  | Observe |  |
| **8** | A colleague is able to demonstrate correct hand washing technique? (Select a colleague who has just completed a care task).Criteria:-Wet hands prior to using soap, lather and wash for minimum of 20 seconds, using the 6 point technique, rinse and dry thoroughly using a disposable paper towel. |  |  |  | Select a colleague |  |
| **9** | Colleagues can list 6 different occasions when hands should be washed. |  |  |  | Select 5 colleagues |  |
| **10** | Alcohol-based / Antimicrobial hand rub is used as per company guidance |  |  |  |  |  |
| **11** | Hands are washed after the removal of gloves. |  |  |  | Observe 5 colleagues |  |
| **12** | Used gloves are disposed of in the correct manner. |  |  |  | Observe |  |
| **13** | Cuts and grazes on hands are covered with an appropriate waterproof plaster. i.e. Blue for catering |  |  |  | Ask colleagues |  |
| **14** | Colleagues do not wear jewellery except for plain wedding band. (No stoned rings, wristwatches etc.) |  |  |  | Observe |  |
| **15** | Colleagues keep nails short and clean with no nail polish or false nails |  |  |  | Observe |  |
| **16** | Hand antiseptics, if used, are wall mounted and the nozzle is clean |  |  |  | Observe |  |
| **17** | There is a poster demonstrating the 6 stages of hand washing in all colleague areas |  |  |  | Observe |  |
| **18** | Colleagues have received training regarding hand washing technique, and advice on possible skin irritation caused by particular soaps, hand hygiene or alcohol products. This is documented in the training file and reviewed annually. |  |  |  | Check training records. |  |

**Section 6 – Food Hygiene**

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| **Standard: The unit kitchen will be maintained as to reduce the risks of cross infection, cross contamination and food borne illness.** |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| 1 | The Unit kitchen is clean and in a good state of repair. |  |  |  | Observe |  |
| 2 | All kitchen surfaces are clean and in good state of repair |  |  |  | Observe |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3 | The fridge temperature should be between 0°C -5°C and this is recorded daily  |  |  |  | Observe and check records |  |
| 4 | Designated hand wash facilities are available. |  |  |  | Observe |  |
| 5 | Liquid soap, paper towels and foot operated pedal bins are available. |  |  |  | Observe |  |
| 6 | Disposable paper towels are used to clean and dry equipment and surfaces or air driers if available. |  |  |  | Observe |  |
| 7 | The cleaning materials for the kitchen are appropriate and stored in a locked cupboard and away from food |  |  |  | Observe |  |
| 8 | Cleaning materials are colour coded and the correct colour is used. |  |  |  | Observe |  |
| 9 | All open food stuffs are stored in pest proof containers (e.g. cereal) with a label indicating the use by date |  |  |  | Check storage. |  |
| 10 | Resident food is stored in the fridge, labelled with their name and date of storage and use by date |  |  |  | Check fridge |  |
| 11 | Milk is stored in the refrigerator. |  |  |  | Check fridge |  |
| 12 | Sauces and preserves are stored in the refrigerator between uses after opening and have a use by date label |  |  |  | Check use-by date. |  |
| 13 | There is no evidence of infestation or animals in the kitchen. |  |  |  | Observe |  |
| 14 | There are no inappropriate items being stored in the kitchen |  |  |  | Observe |  |
| 15 | Crockery and cutlery are washed in a dishwasher which reaches a temperature of 80°C. |  |  |  | Observe |  |
| 16 | Residents meals, which are pre plated, are not reheated |  |  |  | Observe |  |
| 17 | There is evidence that the ice box is defrosted as per policy |  |  |  | Check records. |  |
| 18 | All food products in the fridge are within their expiry date, labelled and dated once opened. |  |  |  | Check products. |  |

###### Section 7 – Linen

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| **Standard: Linen is handled appropriately to prevent cross infection** |

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|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| 1 | Laundry is bagged near to the bedside. |  |  |  | Observe |  |
| 2 | Bags are maximum ¾ full and capable of being secured. |  |  |  | Observe |  |
| 3 | Laundry is segregated into personal, towels, bedding/nightwear/underwear, woollens and delicates. |  |  |  | Observe |  |
| 4 | Laundry segregation is colour coded. |  |  |  | Observe |  |
| 5 | Clean linen is stored in a clean area. (not in the sluice room or trolley in the corridors) and free from stains. |  |  |  | Random check. |  |
| 6 | The correct procedure is followed when handling infected linen.  |  |  |  | Ask colleagues |  |
| 7 | Colleagues do not perform manual sluicing of soiled laundry. |  |  |  | Ask colleagues |  |
| 8 | Liquid soap, paper towels and foot operated pedal bins are available in the laundry room. |  |  |  | Observe |  |
| 9 | Curtains are visibly clean and in good state of repair. |  |  |  | Observe |  |
| 10 | There is written evidence that the curtains are laundered at least every 6 months. |  |  |  | Check records |  |
| 11 | There is evidence that blankets, if used, are regularly washed. |  |  |  | Check bed |  |
| 12 | Gloves and aprons are available to all laundry staff. |  |  |  | Observe |  |

Section 8 – Catheter Care

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| Standard: Clinical practice will reflect infection control guidance and reduce the risk of cross infection to residents. |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | Catheter stands are in use as appropriate. |  |  |  | Observe |  |
| **2** | Catheters are draining downwards. |  |  |  | Observe |  |
| **3** | Catheter leg bags are marked with change date. |  |  |  | Observe |  |
| **4** | A disposable receptacle or jug is disinfected by heat or an appropriate disinfectant when used to empty catheter bags. |  |  |  | Observe |  |
| **5** | Non-sterile vinyl gloves and disposable aprons are used when emptying catheter bags. |  |  |  | Observe |  |
| **6** | Disposable night bags are used for all residents who are bed bound. |  |  |  | Observe |  |

**Section 9 – Protective Clothing**

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| Standard: Appropriate clothing is available and will be used to reduce the risk of cross infection to both residents and staff. |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | Vinyl non-sterile gloves are available to colleagues |  |  |  | Observe |  |
| **2** | No Latex gloves are present in the home. |  |  |  | Observe |  |
| **3** | Nitrile sterile gloves are available to use for aseptic procedures. |  |  |  | Observe |  |
| **4** | Non sterile nitrile gloves available for non sterile procedures where there is a high risk of exposure to blood borne viruses. |  |  |  | Observe |  |
| **5** | A colleague can list 4 occasions when gloves should be worn. |  |  |  | Ask colleague |  |
| **6** | Housekeeping colleagues wear appropriate gloves for handling rubbish and for general cleaning. |  |  |  | Observe |  |
| **7** | Disposable aprons are worn for:1. Providing direct resident care.
2. Cleaning care equipment.
3. Bed making.

 d) Cleaning/dealing with bodily fluids and blood. |  |  |  | Observe |  |
| **8** | Cloth tabards are worn by colleagues when handling and serving food. |  |  |  | Observe |  |
| **9** | Gloves and disposable aprons are worn for single use only and are stored appropriately throughout the Home and away from the risk of contamination |  |  |  | Observe |  |

**Section 10 – Pet Hygiene**

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| **Standard: The appropriate measures have been introduced to reduce the risk of cross infection.** |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | All colleagues and residents wash hands after contacts with pets. |  |  |  | Observe |  |
| **2** | Vaccination/worming for pet are recorded. (Pets that live in the home.) |  |  |  | Check records. |  |
| **3** | Pets are kept out of the kitchen and food preparation areas. |  |  |  | Observe |  |
| **4** | Pet food bowls are stored and washed in separate facilities. |  |  |  | Observe |  |
| **5** | Living/sleeping areas for pets are clean and well ventilated. |  |  |  | Observe |  |
| **6** | Bird cages are cleaned at least twice weekly. |  |  |  | Check records |  |
| **7** | Hutches are cleaned weekly. |  |  |  | Check records |  |
| **8** | Fish tanks are cleaned weekly and this is done away from the kitchen or clinical areas. |  |  |  | Check records |  |
| **9** | Pregnant colleagues do not deal with pet litter trays. |  |  |  | Observe |  |
| **10** | All cleaning of the pets’ facilities are scheduled and recorded. |  |  |  | Check records |  |

**Section 11 – Policies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Evidence** | **Comments** |
| **1** | Colleagues are aware of the relevant policies. Regarding Infection control and have a copy of the local community/CCG Infection Prevention and Control Policy.  |  |  |  | Ask 2 colleagues from Care and Housekeeping teams: |  |
| **2** | As appropriate to the Home, there is a copy of the guidelines on, The Health and Social Care Act 2008, Code of Practice for Healthcare on the Prevention and Control of Infections and Related Guidance (Scottish Executive). |  |  |  | Ask colleagues |  |
| **3** | There is a file on each unit with current Infection Control policies available to all colleagues |  |  |  | Observe |  |
| **4** | Are all colleagues aware of the appropriate policies and procedures to follow in respect to MRSA. |  |  |  | Ask 3 colleagues |  |
| **5** | Are all colleagues aware of appropriate guidance for Clostridium difficile. |  |  |  | Ask 3 colleagues |  |
| **6** | There is an up to date list of clinical external specialists used by the home i.e. diabetes, tissue viability, stoma care etc. |  |  |  | Check records |  |
| **7** | Colleagues follow company procedures in regards to notifying management and the relevant authorities in the event of infectious outbreak in the home. |  |  |  | Ask colleagues |  |
| **8** | Colleagues are aware of how to access the policy relating to infection control of pets in the home. |  |  |  | Ask colleagues |  |
| **9** | All colleagues have received infection control training on induction. |  |  |  | Check records. |  |
| **10** | All colleagues have annual updates in infection control and this is recorded in their training record. |  |  |  | Check records. |  |
| **11** | Colleagues are advised to receive vaccination for Hepatitis B where appropriate, and records kept of the same **(only in homes highlighted as high risk)** |  |  |  | Check records. |  |
| **12** | There is a documented procedure on work restrictions for colleagues who have contracted an infectious condition or communicable disease. |  |  |  | Check records |  |

# Section 12 – Scottish Policies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **Yes** | **No** | **N/A** | **Comments** |
| **1** | There are people identified with responsibility for Risk management, Infection control and governance. |  |  |  | Standard 1  |
| **2** | There is a designated Infection Control Key worker with day to day responsibility who has:-1. A recognised qualification In Infection Control
2. A job description for the role that may be incorporated into an existing job description.
3. Access to administrative and I.T support and time made available to carryout Infection Control key workers duties.
4. Access to up to date legislation and guidance relevant to infection control
 |  |  |  | Standard 3Standard 9  |
| **3** | There is an Infection Control Group that will implement and monitor the annual Infection Control Programme and give advice and support to the Infection Control Key worker(s) and has access to up to date legislation and guidance |  |  |  | Standard 9 Standard 2  |
| **4** | Each home should have an annual infection control programme in place, which looks at Infection control issues relevant to your home. (Standard 5) |  |  |  | Standard 5 |
| **5** | There should be access for all colleagues to up to date policies/procedures/guidelines to ensure colleagues are able to carry out their duties safely and consistently to the required standard. |  |  |  | Standard 6 |
| **6** | There should be documented evidence the result of this audit has been fed back to all colleagues e.g. minutes of meeting/memo’s on notice board and if necessary to senior management. |  |  |  | Standard7 |
| **7** | There is documented evidence that an annual Infection control report is produced and it contains, as a minimum:* Review of reported adverse incidence and outbreaks
* Any recommendations made to prevent recurrence of incidents
* Progress on Infection Control Programme
* Result of audit and proposed action plan
* Education and training undertaken.

It should be signed by the person with responsibility for Risk management. |  |  |  | Standard 8 |
| **8** | There is evidence that the system in place for control of infection is monitored and reviewed by management in order to make improvements to the system |  |  |  | Standard 11 |

**SCORE SHEET**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home:** |  | **Unit:** |  | **Date:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Section | **Possible Score** | **Actual Score** | **% (actual score ÷ possible score (excl. ‘n/a’s’) x 100).** |
| Section 1: Environment | **59** |  |  |
| **Section 2: Waste Disposal** | **13** |  |  |
| **Section 3: Sharps** | **10** |  |  |
| **Section 4: Cleaning and Disinfection** | **5** |  |  |
| **Section 5: Hand Hygiene** | **19** |  |  |
| **Section 6: Food Hygiene** | **18** |  |  |
| **Section 7: Linen** | **12** |  |  |
| **Section 8: Catheter Care** | **6** |  |  |
| **Section 9: Protective Clothing** | **9** |  |  |
| **Section 10: Pets** | **10** |  |  |
| **Section 11: Policies** | **12** |  |  |
| **Section 12: Scottish Policies** | **9** |  |  |
| **Total Score: 173 or 182 (incl. Scottish Policies)** | **172** or **180 (in Scotland)** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** |  | **Designation:** |  |
| **Signature:** |  | **Date:** |  |
| **Discussed and Approved by Home Manager** |
| **Signature:** |  | **Date:** |  |

Action Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section** | **Problem identified** | **Action to be taken** | **Person responsible** | **Date to be archived** | **Reviewed by:** |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** |  | **Designation:** |  |
| **Signature:** |  | **Date:** |  |
| **Discussed and Approved by Home Manager** |
| **Signature:** |  | **Date:** |  |