

Infection Prevention & Control Audit Workbook

Date:

Name of Person Carrying out the Audit:

Name of Infection Control Lead for the Service:

Results:

Area of IPC Audited	No Actions, Actions Required, Immediate Actions Required
Are all types of visitors prevented from catching and spreading infection?	
Are shielding and social distancing rules complied with?	
Are people admitted into the service safely?	
Does the service use PPE effectively to safeguard staff and people using services?	
Is there adequate access and take up of testing for staff and people using services?	
Does the layout of premises, use of space and hygiene practice promote safety?	
Do staff training, practices and deployment show the service can prevent transmission of infection and/or manage outbreaks?	
Is IPC policy up to date and implemented effectively to prevent and control infection?	

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Action Plan Output from Audit:

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1. Are all types of visitors prevented from catching and spreading infection?

CQC will look for;

- What measures are in place to prevent relatives and friends, professionals and others visiting from spreading infection at the entrance and on entering the premises?
- What procedures must people follow during the visit? How is this communicated to people? Do the procedures appear to be complied with by visitors?
- What alternative arrangements to visiting in person have been put in place?

What good looks like

Note: the decision on whether to allow visitors is ultimately the provider's responsibility with due consideration to local public health advice.

Provider is transparent in terms of sharing information and communication with friends and family about number of deaths and infections so they can understand decisions around visiting and restrictions	
What we do as a service?	Actions Identified;
People have individual visitor plans as part of their care plan to make sure their social contact needs are met	
What we do as a service?	Actions Identified;
Visitors are limited, for example ideally to one visitor, or to two visitors from the same household, per resident at a time	
What we do as a service?	Actions Identified;

There is a booking system in place to stagger visitors and visiting times to minimise visitor numbers	
What we do as a service?	Actions Identified;
Visitors have no contact with other residents and minimal contact with care home staff	
What we do as a service?	Actions Identified;
Facilities are in place to wash hands for 20 seconds or use hand sanitiser on entering and leaving the home	
What we do as a service?	Actions Identified;
Visitors are supported to wear a face covering when visiting, and wash hands before/after mask use	
What we do as a service?	Actions Identified;
All visitors are screened for symptoms of acute respiratory infection before being allowed to enter the home	
What we do as a service?	Actions Identified;
There are prominent signage and instructions to explain what people should do to ensure safety	
What we do as a service?	Actions Identified;

Information is easily accessible on arrival or before visits to ensure visitors follow guidance, procedures or protocols to ensure compliance with infection prevention control	
What we do as a service?	Actions Identified;
Alternative forms of maintaining social contact are used for friends and relatives; for example: keeping in touch using video calls, weekly newsletters to family members, visiting in communal garden or through meeting at a closed window and using a phone to communicate with. Remote considerations are also considered by other visitors such as professionals and clinical consultations	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [Visiting care homes during coronavirus \(DHSC\)](#)
- [Adult social care: coronavirus \(COVID-19\) winter plan 2020 to 2021](#)
- [Visiting arrangements for those receiving care at the end of life](#)
- [Care Provider Alliance: Visitors' Protocol](#)

Support and resources

- [SCIE](#), [Skills for Care](#), [British Geriatric Society](#), [BILD](#), [CPA](#), [ADASS](#)

2. Are shielding and social distancing rules complied with?

CQC will look for;

- How staff and people using services achieve social distancing and shielding?
- What has been the impact on wellbeing of people using the service? How have they been supported? What arrangements have been maintained to enable people using the service to go out/return safely?
- What mitigation is in place where it is not always possible to socially distance?
- Is isolation, cohorting and zoning implemented effectively where there is infection or an outbreak?

What good looks like

Note: from 1 August, the government will pause shielding unless the transmission of COVID-19 in the community starts to rise significantly.

The service has identified which people are in the clinically extremely vulnerable group and are separated from others if isolating, and/or if shielding measures need to be implemented	
What we do as a service?	Actions Identified;
Staff wear a fluid repellent surgical mask, gloves and apron when delivering personal care to all people	
What we do as a service?	Actions Identified;
Staff wear a surgical mask, gloves, and apron in all rooms where someone is shielding irrespective of 2m distance rule	
What we do as a service?	Actions Identified;

Staff wear PPE in services where 2m social distancing cannot be maintained or achieved	
What we do as a service?	Actions Identified;
Symptomatic residents are ideally isolated in single occupancy rooms. Where single room occupancy isn't practical, symptomatic residents are charted together - while ensuring those untested, tested positive and tested negative are kept separate from each other where possible for the duration of the isolation period	
What we do as a service?	Actions Identified;
Residents in isolation do not attend communal areas, including shared lavatories and bathrooms. Alternative facilities are provided	
What we do as a service?	Actions Identified;
Measures such as isolation and cohorting of exposed and unexposed residents have been risk assessed, covering duration and nature of contact that should be carried out	
What we do as a service?	Actions Identified;
Arrangements are in place so staff appropriately social distancing during breaks	
What we do as a service?	Actions Identified;

Zoning measures are in place based on training delivered by Mutual Aid trainers	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)
- [COVID-19: how to work safely in care homes](#)
- [Staying alert and safe \(social distancing\)](#)
- [Coronavirus \(COVID-19\): admission and care of people in care homes](#)
- [Coronavirus \(COVID-19\): guidance for care staff supporting adults with learning disabilities and autistic adults](#)
- [Coronavirus \(COVID-19\): looking after people who lack mental capacity](#)

Support and resources

- Zoning - [Care Homes Strategy for Infection Prevention & Control of COVID-19 Based on Clear Delineation of Risk Zones](#)
- [ADASS advice note – Cohorting, Zoning and Isolation Practice](#)
- [SCIE](#), [Skills for Care](#), [British Geriatric Society](#), [BILD](#), [CPA](#), [ADASS](#)

3. Are people admitted into the service safely?

CQC will look for;

- What measures are in place to prevent people from spreading infection when admitting a person to the service from a health or social care service? And from the community?
- Did the process for the most recent admission follow current [admissions guidance](#)?

What good looks like

The service ensures patients have been tested for COVID-19 by the hospital and from the community before the service agrees to admit them	
What we do as a service?	Actions Identified;
Admissions from hospital or interim care facilities, and new residents admitted from the community, are isolated for 14 days within their own room. There are clear procedures from point of entry into the care home that minimise risk of transmission when moving people to their rooms	
What we do as a service?	Actions Identified;
Residents are assessed twice daily for the development of a high temperature (37.8°C or above), a cough, as well as for softer signs such as shortness of breath, loss of appetite, confusion, diarrhoea or vomiting	
What we do as a service?	Actions Identified;
For people who lack mental capacity, the service has considered if any new measures and arrangements in relation to IPC amount to a 'deprivation of liberty' and take appropriate action – see annex A and annex B	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [Coronavirus \(COVID-19\): admission and care of people in care homes](#)
- [Coronavirus \(COVID-19\): hospital discharge service requirements](#)
- [Guidance for stepdown of infection control precautions and discharging COVID-19 patients](#)
- [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#)
- [Coronavirus \(COVID-19\): looking after people who lack mental capacity](#)

Support and resources

- [SCIE](#), [Skills for Care](#), [British Geriatric Society](#), [BILD](#), [CPA](#), [ADASS](#)

4. Does the service use PPE effectively to safeguard staff and people using services?

CQC will look for;

- Where and how are staff [donning and doffing PPE](#)? How is PPE disposed of after use?
- Do the levels of PPE used comply with current [guidance](#)?
- What specific PPE training has been provided during the pandemic?
- People using the service may be fearful or anxious seeing staff wear PPE. What measures are in place to support communication and reassurance? (For example people who are deaf, autistic people, people with dementia.)

What good looks like

Use of PPE is in accordance with current government guidelines COVID-19 personal protective equipment (PPE):	
What we do as a service?	Actions Identified;
There are designated areas for donning/doffing PPE, separate areas is preferable	
What we do as a service?	Actions Identified;
Signage on donning/doffing PPE and handwashing is visible in all required areas, including for visitors	
What we do as a service?	Actions Identified;
Staff observed to put on/take off PPE as per guidelines	
What we do as a service?	Actions Identified;

Staff observed to follow good hand and respiratory hygiene practices using appropriate products	
What we do as a service?	Actions Identified;
Disposal of used PPE prevents cross-contamination is follows local protocols, in particular single use items and how PPE is disposed of at the end of shifts safely	
What we do as a service?	Actions Identified;
Staff have received some form of training from local Health Protection Team, IPC specialist at CCG, Mutual Aid training or similar	
What we do as a service?	Actions Identified;
The provider has assessed the impact on residents of how PPE may cause fear and anxiety for residents, particularly those who have limited mental capacity and has mitigated these concerns using the COVID-19 risk reduction framework	
What we do as a service?	Actions Identified;
The provider has addressed issues where PPE may not fit appropriately because of staff gender or other protected characteristics	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [COVID-19: how to work safely in care homes](#)
- [Coronavirus \(COVID-19\): admission and care of people in care homes](#)
- [COVID-19: Personal protective equipment \(PPE\) – resource for care workers working in care homes](#) (20 July)
- [COVID-19: infection prevention and control \(IPC\) – PPE hub](#)
- [COVID-19: personal protective equipment use for non-aerosol generating procedures](#)

Existing guidance

- [Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)
- [NICE CG139: Healthcare-associated infections: prevention and control in primary and community care](#)

Support and resources

- [SCIE](#), [Skills for Care](#), [British Geriatric Society](#), [BILD](#), [CPA](#), [ADASS](#)

5. Is there adequate access and take up of testing for staff and people using services?

CQC will look for;

- How do staff and people using the service access regular testing? What is the frequency of testing?
- What does the service do if someone becomes symptomatic or when a positive test occurs?
- What does the service do if people and staff refuse a test? And understand why they refuse?

What good looks like

Testing scheme for all staff and residents has been conducted – known as ‘whole home testing’	
What we do as a service?	Actions Identified;
Care home managers have or know how to apply for coronavirus testing kits to test residents and staff of their care home via the online care home portal	
What we do as a service?	Actions Identified;
Risk assessments have been carried out on people using services and staff belonging to higher risk groups and actions have been taken to reduce the risks	
What we do as a service?	Actions Identified;
All care home workers have had a test without delay once they become symptomatic. Staff with people in their own households displaying symptoms have also had a test. Frequency of testing follows current guidance	
What we do as a service?	Actions Identified;

Managers and staff have processes in place to ensure they know how to access the online self-referral portal or obtaining login details via email portalservicedesk@dhsc.gov.uk	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [COVID-19: Testing](#)
- [Adult social care: coronavirus \(COVID-19\) winter plan 2020 to 2021](#)
- [Coronavirus \(COVID-19\): admission and care of people in care homes](#)

Existing IPC guidance

- [Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)
- [DHSC/PHE Care homes: infection prevention and control](#)

Support and resources

- Zoning - [Care Homes Strategy for Infection Prevention & Control of COVID-19 Based on Clear Delineation of Risk Zones](#)
- [SCIE](#), [Skills for Care](#), [British Geriatric Society](#), [BILD](#), [CPA](#), [ADASS](#)

6. Does the layout of premises, use of space and hygiene practice promote safety?

CQC will look for;

- Do the premises look clean and hygienic? How is cleaning scheduled and sustained? What cleaning products are used?
- How has the layout and facilities of the premises been changed to support IPC and good ventilation?
- How have communal indoor/outdoor spaces been optimised to use safely?

What good looks like

Rooms are designated for specific activities such as for visitors, and are subject to regular enhanced cleaning	
What we do as a service?	Actions Identified;
Communal areas such as outdoor spaces and garden areas are used creatively to help with IPC	
What we do as a service?	Actions Identified;
Plastic or glass barriers are used to help prevent infection but do not restrict people's access and mobility	
What we do as a service?	Actions Identified;
Where there are multiple entrances, they are restricted for use by different people such as staff or visitors	
What we do as a service?	Actions Identified;

If the design and capacity of the care home and the number of residents involved is manageable, it is preferable to isolate residents into separate floors or wings of the home	
What we do as a service?	Actions Identified;
Environmental measures such as effective ventilation have been implemented	
What we do as a service?	Actions Identified;
Process in place to ensure personal items, toiletries are not mixed up or shared across residents	
What we do as a service?	Actions Identified;
All areas are uncluttered so cleaning can take place effectively	
What we do as a service?	Actions Identified;
There is a designated lead for cleaning and decontamination within the service. They have instituted a form of zoning, such as colour coding around equipment and rooms to easily highlight for staff the levels of cleaning required	
What we do as a service?	Actions Identified;

Cleaning staff have cleaning schedules, which they are required to complete and that includes frequency of cleaning of high touch areas, eg light switches, keyboards, door handles. Records/checks of cleaning show compliance with the cleaning schedule	
What we do as a service?	Actions Identified;
Evidence of liaison with cleaning staff to review processes are in line with national guidance on cleaning of areas where possible exposure to suspected COVID-19 and to include risks to cleaning staff	
What we do as a service?	Actions Identified;
System for cleaning shared bathrooms and toilet facilities between people with possible COVID-19	
What we do as a service?	Actions Identified;
Designated room for storage and managing laundry. Laundry rota and processes in place so clothes are not mixed and washed together. Good practice for linen and laundry guidance (pg 60) is followed	
What we do as a service?	Actions Identified;
Waste management good practice guidance (pg. 65) is followed and care home guidance Annex J (pg 65)	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [Coronavirus \(COVID-19\): admission and care of people in care homes](#)
- [COVID-19: cleaning in non-healthcare settings](#)

Existing guidance

- [Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)
- [DHSC/PHE Care homes: infection prevention and control](#)
- [Health Technical Memorandum 07-01: Safe management of healthcare waste](#)

Support and resources

- Zoning - [Care Homes Strategy for Infection Prevention & Control of COVID-19 Based on Clear Delineation of Risk Zones](#)
- [ADASS advice note – Cohorting, Zoning and Isolation Practice](#)
- [SCIE, Skills for Care, British Geriatric Society, BILD, CPA, ADASS](#)

7. Do staff training, practices and deployment show the service can prevent transmission of infection and/or manage outbreaks?

CQC will look for;

- How is staff movement and transmission in and between care homes minimised? How have staff rotas, shift patterns, handovers changed to improve IPC?
- If agency staff are used, how is their compliance with IPC measures and not working between other services assured?
- What recent IPC training has been given to support staff to provide safer care?
- How is staff wellbeing supported, including becoming unwell, sick leave and returning to work safely?

What good looks like

Employees in the clinically 'extremely vulnerable' group do not work in the care setting	
What we do as a service?	Actions Identified;
All staff in high risk groups such as BAME have been risk assessed , and adjustments have been made	
What we do as a service?	Actions Identified;
All members of staff work in only one care setting, this includes part-time and agency staff in accordance with guidance – with support from Infection Control Fund if needed	
What we do as a service?	Actions Identified;
In larger settings, 'cohorting' staff to individual groups of patients or floors/wings is practiced	
What we do as a service?	Actions Identified;

Risk assessment and action has been taken to limit the use of public transport by members of staff	
What we do as a service?	Actions Identified;
Staff have undertaken Mutual Aid training provided by NHS/CCGs on IPC	
What we do as a service?	Actions Identified;
Staff room is locked when not in use and breaks are staggered so 1-2 staff only use it at any one time and can maintain social distancing	
What we do as a service?	Actions Identified;
Handovers are done virtually, utilising messaging apps such as WhatsApp	
What we do as a service?	Actions Identified;
The service has through NHS 'mutual aid' have been trained to use equipment such as pulse oximeters and well evaluated tools such as RESTORE2 and NEWS2 (supported in current British Geriatric Society (BGS) guidance). They have also accessed specific equipment such as pulse oximeters, to help determine whether a resident is unwell	
What we do as a service?	Actions Identified;
Staff are trained and know how to immediately instigate full infection control measures to care for the resident with symptoms to avoid the virus spreading to other residents and staff members	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [Health and wellbeing of the adult social care workforce](#)
- [COVID-19: how to work safely in care homes](#)
- [COVID-19: infection prevention and control \(IPC\) – PPE hub](#)
- [COVID-19: adult social care risk reduction framework](#)
- [Understanding the impact of COVID-19 on BAME groups](#) – PHE Report
- [COVID-19: Supporting autistic people and people with learning disabilities](#) (SCIE)
- [COVID-19: Supporting people with dementia](#) (SCIE)

Existing guidance

- [Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)

Support and resources

- [SCIE](#), [Skills for Care](#), [British Geriatric Society](#), [BILD](#), [CPA](#), [ADASS](#)

8. Is IPC policy up to date and implemented effectively to prevent and control infection?

CQC will look for;

- Are infection risks to people thoroughly assessed and managed? What action has been taken to consider and reduce any impact to people/staff who may be disproportionately at risk of COVID-19? (BAME, learning disabilities, dementia)
- What changes have been made following the most recent audit?
- What contingency planning is in place to address future coronavirus and other infection outbreaks and winter pressures?

What good looks like

Note: This section is likely to be a summation of the findings above and whether it accords with the service's current IPC policy and implementation of current government guidance.

There is a designated IPC lead who is sufficiently knowledgeable to fill this role. Evidence of effectiveness includes knowledge of current guidance, dissemination to staff and others, liaising with relevant agencies, communication and transparency with people using services and their family and friends	
What we do as a service?	Actions Identified;
IPC policy is up to date in line with code of practice 10 criteria, has been audited during the pandemic to reflect best practice, and staff know how to immediately instigate full infection control measures to care for the resident with symptoms to avoid the virus spreading to other residents and staff members	
What we do as a service?	Actions Identified;
People know how to raise any concerns or complaints around IPC practice if they think it is unsafe or not effective without fear or discrimination. There is evidence of responsive action to concerns made	
What we do as a service?	Actions Identified;

Care home managers have contacted their local health protection team (HPT) if they suspect their care home has a new coronavirus outbreak and/or it has been 28 days or longer since the last case and there are new cases	
What we do as a service?	Actions Identified;
All equipment used to support the monitoring of residents meets infection control and decontamination standards and guidance/code of practice	
What we do as a service?	Actions Identified;
In compliance with the code of practice , there is a decontamination policy in place that covers what to do if there is a spillage of blood or body fluids	
What we do as a service?	Actions Identified;
Where a person's usual care and treatment arrangements have changed to ensure safety that may amount to a 'deprivation of liberty', appropriate guidelines have been followed – see annex A and annex B	
What we do as a service?	Actions Identified;
For end of life care, the visiting guidance and care home guidance (pg. 16) are implemented and followed	
What we do as a service?	Actions Identified;
Where a resident has passed away, the following guidance has been followed	
What we do as a service?	Actions Identified;

COVID-19 guidance

- [Adult social care: coronavirus \(COVID-19\) winter plan 2020 to 2021](#)
- [Coronavirus \(COVID-19\): admission and care of people in care homes](#)
- [COVID-19: how to work safely in care homes](#)
- [COVID-19: Supporting autistic people and people with learning disabilities](#) (SCIE)
- [COVID-19: Supporting people with dementia](#) (SCIE)
- [Coronavirus \(COVID-19\): looking after people who lack mental capacity](#)
- [COVID-19: the ethical framework for adult social care](#)
- [COVID 19: Visiting arrangements for those receiving care at the end of life](#)
- [Guidance for care of the deceased with suspected or confirmed coronavirus \(COVID-19\)](#)
- [PHE Hub COVID-19: infection prevention and control \(IPC\)](#)
- [COVID-19: adult social care risk reduction framework](#)

Existing IPC guidance

- [Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)
- [DHSC/PHE Care homes: infection prevention and control](#)
- [NICE CG139: Healthcare-associated infections: prevention and control in primary and community care](#)
- [The Yellow Card scheme: guidance for healthcare professionals, patients and the public](#)

Support and resources

- [Zoning - Care Homes Strategy for Infection Prevention & Control of COVID-19 Based on Clear Delineation of Risk Zones](#)
- [SCIE](#), [Skills for Care](#), [British Geriatric Society](#), [BILD](#), [CPA](#), [ADASS](#)

Additional Questions

Does the service have sufficient and adequate supply of PPE that meets current demand and foreseen outbreaks?	
What we do as a service?	Actions Identified;
Are staff using PPE correctly and in accordance with current guidance?	
What we do as a service?	Actions Identified;

Has the service received external PPE training during the pandemic sourced from a Mutual Aid trainer or of similar equivalence?	
What we do as a service?	Actions Identified;
Does the service know where to go for advice should there be an outbreak – which authorities and what their role and responsibilities are?	
What we do as a service?	Actions Identified;
Is the service participating in the testing program that is currently provided for residents and staff members?	
What we do as a service?	Actions Identified;
Do staff in the service understand the principles of isolation, cohorting and zoning appropriately?	
What we do as a service?	Actions Identified;
Has the service implemented isolation, cohorting and zoning appropriately?	
What we do as a service?	Actions Identified;

Has the service adequately taken measures to protect clinically vulnerable groups and those at higher risk because of their protected characteristics (BAME, physical and learning disabilities)?	
What we do as a service?	Actions Identified;
Has the service got a named clinical lead as assigned by the Primary Care Network?	
What we do as a service?	Actions Identified;
What position/profession is the named clinical lead? For example GP	
What we do as a service?	Actions Identified;
Do they conduct a home/ward round?	
What we do as a service?	Actions Identified;
What clinical support has been provided direct into the service, by whom, and what has been its impact?	
What we do as a service?	Actions Identified;