**Care Home Quality Improvement Tool 2016**

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# Infection Prevention & Control is Integral to Safety in this Care Home

| No. | Standard statement  | Guidance | Yes | No  | N/A | Comments  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Does this care home, have a ***designated person responsible leading on IPC***, e.g. a link nurse/worker or the care home /department manager?  | Ask staff members who leads for IPC in this care home. This may be a link nurse.  |  |  |  |  |
| 2 | Does the ***IPC lead role*** include: audit, feedback to individuals on IPC practices, promoting optimal IPC and close liaison with the IPC team? | Discuss the role with the IPC lead /link nurse and staff members.  |  |  |  |  |
| 3 | Are ***IPC topics discussed*** at regular team meetings. | Ask what topic are discussed and for any written evidence.  |  |  |  |  |
| 4 | Is there clear information about ***when and how to obtain advice about infection prevention and control*** – including out of hours?  | Ask staff to show you where this information is kept? |  |  |  |  |
| 5 | Is there evidence of a process ***for reporting untoward infection-related incidents***, e.g. outbreaks. | Ask to see the incident record. |  |  |  |  |
| 6 | Is there evidence that ***audits have been undertaken and practice changed*** to improve IPC. | Ask to see data from audits and action plans. [Provide positive feedback on good and improved practices].  |  |  |  |  |
| 7 | Can the person in charge today state how they would ***manage an outbreak***? | Ask the person in charge to describe the outbreak process. |  |  |  |  |

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# The staff are afforded Health & Safety protection from potential infection risks

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement  | Guidance | Yes | No | N/A  | Comments |
| 1 | Have staff in this care home been ***offered immunisation*** as per current national guidance?  | Ask 2 members of staff if they had their immunisation assessed on appointment.  |  |  |  |  |
| 2 | Does the establishment have an ***exclusion from work policy for staff***. | Ask staff how long they would remain off work if they had diarrhoea and or vomiting (symptoms of norovirus).  |  |  |  |  |
| 3 | Do staff know what to do if they or a colleague sustains an ***inoculation injury***?  | Ask two members of staff to describe the procedure. |  |  |  |  |
| 4 | Is the policy/poster for the ***management of an inoculation injury easily accessible***?  | Confirm the poster/policy is easily accessible. Confirm staff know where it is.  |  |  |  |  |

# There is a competent and confident workforce trained to minimise infection risks

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Have all staff on this care home ***received, or have planned (booked), IPC induction*** training? | Check the training programme includes the essential elements of Standard Precautions. |  |  |  |  |
| 2 | Is line with a needs analysis is the ongoing and planned IPC training fulfilling ***mandatory requirements***? | Check training records if available - ensure there is follow-up for any mandatory training non-attendees. |  |  |  |  |
| 3 | Do staff feel they have received ***sufficient training in IPC to enable them to practice safely***? | Discuss with staff their planned and received IPC training. Suggest available training that might further develop their skills. |  |  |  |  |
| 4 | Are staff aware that ***the policy for cleaning*** equipment **not** in contact with broken skin or mucous membranes involves detergent, water and paper towels **Or** detergent/disinfectant wipes? | Ask staff how they would clean a drip stand which is not contaminated with blood or body fluid.  |  |  |  |  |
| 5 | Do staff know how and ***when to use disinfectants*** safely? | Ask staff how they use disinfectants and where instructions on their usage are kept. |  |  |  |  |
| 6 | Do staff know how to ***decontaminate a blood or body fluid spillage safely***? | Ask staff how they use disinfectants and where instructions on their usage are kept. |  |  |  |  |
| 7 | Do staff know the correct procedure for ***decontaminating a commode*** and indicating it is safe for the next resident’s use?  | Ask staff how they disinfect a commode and where instructions on doing so is kept. |  |  |  |  |
| 8 | Have staff ***who use or discard sharps*** been trained to do so safely? | Ask staff how they handle and discard needles and the instruction received. |  |  |  |  |
| 9 | Have staff who prepare and ***serve food received sufficient (including refresher)*** food hygiene training? | Ask staff to confirm that relevant people have received food hygiene training.  |  |  |  |  |
| 10 | Do staff know when and how to perform ***hand hygiene***? | Ask staff about the 5moments and when they would and would not use alcohol based hand rub. |  |  |  |  |
| 11 | Do staff who work in the laundry receive training on handling linen and safe laundry processes.  | Ask to see training records.  |  |  |  |  |

# The is evidence of compliance with policies, procedures and guidance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| 1 | Are ***extant infection prevention and control policies and procedures available*** to staff in this area?  | Check that policies are either live (reviewed constantly as new evidence is published) or are within a 2-year review date. Confirm they are readily available to staff.  |  |  |  |  |
| 2 | Do staff know ***how to access*** the infection prevention policies and procedures? | Ask staff about how to access and the content of the IPC policies. |  |  |  |  |
| 3 | Is there an up to date ***food hygiene policy*** available and accessible to staff? | Ask staff where the food hygiene policy is kept. Confirm the policy is current.  |  |  |  |  |
| 4 | Are the residents admitted to this care home assessed for infection risks (to themselves and from themselves) and ***placed appropriately to negate cross-transmission risks***? | Ask staff how they assess residents for infection risks to other residents. Ask to see how this is documented.Confirm staff have the facilities to isolate those residents presenting an infection risk. |  |  |  |  |
| 5 | Do residents with alert organisms / alert conditions have ***up to date care pathways/care plans***? | Check care pathways/care plan for residents with alert organisms or conditions such as diarrhoea. |  |  |  |  |
| 6 | During the entire assessment ***are staff observed to follow the policies*** and procedures? | Whilst undertaking this assessment, observe for hand hygiene opportunities being taken, linen being discarded safely, sharps being used safely etc., etc. |  |  |  |  |

# Personal Protective Equipment (PPE) is used to minimise infection risks

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Given the potential exposures to blood, body fluids and pathogens ***in this care home,*** are the staff aware of the potential risks to themselves and ***when and what PPE to wear***? | Discuss with staff the types of exposures to blood and body fluids which occur in their resident population – and ask about their understanding of the risks and when/what PPE they use. |  |  |  |  |
| 2 | Depending on the assessed ***likely exposure***, is the following PPE available:* ***Plastic aprons*** or plastic gown?
 | Look at the PPE available, the sizes available and the ease of access. Ask members of staff if they are always able to find their size of PPE available.Ask members of staff if the PPE they need is conveniently located for quick usage.Offer suggestions for improved placement.  |  |  |  |  |
| * ***Single use gloves***\* (in a range of sizes)?
 |  |  |  |  |
| * ***Eye protection*** (goggles or full face shields)?
 |  |  |  |  |
| * ***Fluid resistant surgical face mask*** if droplets containing pathogens is a risk?
 |  |  |  |  |
| 3 | Is the available ***PPE kept away from*** sources of likely of *contamination?* | Look where the PPE is kept to confirm that the PPE is not being exposed to aerosols or splashes. |  |  |  |  |
| 4 | Is ***PPE donned in anticipation*** of possible / actual exposure from blood, body fluids or pathogens to the skin, mucous membranes or personal clothing/uniform: | Observe practice and or ask members of staff when they would consider using PPE.  |  |  |  |  |
| * Gloves?
 |  |  |  |  |
| * Apron?
 |  |  |  |  |
| * Face protection?
 |  |  |  |  |
| * Respiratory protection?
 |  |  |  |  |
| 5 | Are plastic aprons and gloves ***used once and discarded after use***? | Observe practice and or ask members of staff when they would discard PPE |  |  |  |  |
| 6 | Is PPE (gloves and apron) ***changed, between tasks*** on the same resident?  | Observe practice and or ask members of staff when they would change PPE for tasks on the same resident.  |  |  |  |  |
| 7 | Is ***hand hygiene performed after PPE*** removal? | Observe practice and or ask members of staff what they would do after removing PPE. |  |  |  |  |
| 8 | Are the gloves available **suitable as PPE**? | Check polythene gloves are not used for clinical tasks. |  |  |  |  |
| 9 | Are gloves worn when any ***invasive procedures*** are performed? | Observe practice or discuss with staff when they use gloves.  |  |  |  |  |

# Environment: General environment safety and cleanliness (including lobby/reception & entrance)

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the general environment (size, layout etc.) ***suitable for the resident population*** and the care delivered therein, i.e. sufficient space and hand hygiene facilities? | Ask whether the staff about the space and facilities and if they are sufficient for the care delivered. |  |  |  |  |
| 2 | Are there a sufficient ***number of wash-hand basins*** in appropriately located places in this care home to facilitate effective hand washing? | Ask the staff (and observe) how far they have to walk to wash their hands, consider the activity and the availability and accessibility of wash-hand basins. Consider all areas of the care home including the, toilet areas.  |  |  |  |  |
| 3 | Is there an ***environment cleaning schedule*** which is based on a risk assessment and includes:  | Ask to see the cleaning schedule and confirm the bullet points are listed. Confirm the cleaning schedule includes the kitchen/pantry. |  |  |  |  |
| * All areas of the environment?
 |  |  |  |  |
| * The responsibilities for cleaning?
 |  |  |  |  |
| * The methods for cleaning?
 |  |  |  |  |
| * The frequency of cleaning?
 |  |  |  |  |
| * Soft furnishings?
 |  |  |  |  |
| 4 | Are the ***cleaning materials*** required to undertake the cleaning available in the care home? | Ask staff where the cleaning materials are kept.  |  |  |  |  |
| * Including carpet cleaning equipment
 |  |  |  |  |
| 5 | Are all staff ***aware of the cleaning schedule*** and where it is kept? | Ask staff where the cleaning schedule is kept. |  |  |  |  |
| 6 | Is the ***general environment*** excluding floors: * Clean?
 | Walk through the environment and assess the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin.  |  |  |  |  |
| * Free of clutter?
 |  |  |  |  |
| * In a good condition (free from damage) minimising infection risks?
 |  |  |  |  |
| 7 | Are all ***horizontal surfaces***, excluding floors: * Clean?
 | Check the horizontal surfaces for the specified criteria. Check surfaces are smooth for easy cleaning. There should be no evidence of moisture seepage.  |  |  |  |  |
| * Cleanable (e.g. coved edges)?
 |  |  |  |  |
| * Free of clutter?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 8 | Is the ***floor covering***: * Clean?
 | Check the floor surface is both cleanable and clean.Check the floor covering is in a good condition, e.g. no rips, tears or tape.Check the cleaning schedule for the floors. |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * Free of extraneous items?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 9 | Is the ***furniture***: * Clean?
 | Check the furniture is of a material suitable for the resident / resident environment. If there is a blood or body fluid risk the material must be impervious. |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 10 | Is other non-bed-space equipment: ***TV screens, Computer screens, Telephones, fans,*** * Clean?
 | Look for such equipment and confirm it is listed for cleaning, clean and able to be cleaned. (Check minimum of 3). |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 11 | Does the establishment have a colour coded system for cleaning equipment?  | Check that domestic cleaning equipment is stored in a dedicated area reserved for that use alone |  |  |  |  |

## Environment: The Resident’s Bedroom

| **No.** | **Standard statement**  | **Guidance** | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***bedroom*** excluding floors:* Clean?
 | Walk around the room and assess whether the area is free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin. Surfaces are smooth for easy cleaning. NB Single *just-dropped items* may be excluded if the overall appearance is clean.  |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * Free of clutter?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 2 | Are any ***horizontal surfaces***, excluding floors:* Clean?
 | Check the horizontal surfaces for the specified criteria. Coved edges enable easy cleaning.There should be no evidence of moisture seepage.  |  |  |  |  |
| * Cleanable (e.g. coved edges)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 3 | Are the ***floor coverings***: * Clean?
 | Check the floor surface is both cleanable (impervious to moisture) and clean. Check the floor covering is in a good condition, e.g. no rips, tears or tape.. |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 4 | Is the ***furniture (excluding bed)***: | Look at the cleanliness of the bedside furniture (over bed table, bedside locker, resident chair). Check that the furniture is of a material suitable for the resident environment, i.e. impermeable to moisture and washable. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact surfaces)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Are the ***fixtures and fittings:*** | Check the visible cleanliness of the fixtures, e.g. resident lights, wall mounted equipment.Check the cleaning regiment intervals and responsibility.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 6 | Is the bed ***(including hand-rails and the mattress)*** | Check mattress is free from signs of leakage and is impervious to moisture.Check other items listed – including underside of bed rails.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * Subject to a mattress audit programme
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 7 | Is the ***bed*** (below the mattress):  | Observe for signs of regular cleaning – confirm with domestic and nursing staff that they are aware of their assigned responsibility as listed for the cleaning of this item. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Scheduled assigned for regular cleaning?
 |  |  |  |  |
| 8 | Are the ***pillows*** completely covered in an impervious material to prevent moisture seepage and infection risks? | Confirm impervious material covering the pillow is intact. |  |  |  |  |
| 9 | Are the ***curtains*** clean and being replaced at specified intervals or if visibly dirty? | Check at the curtains for visibly cleanliness.Check at the regimen for cleaning / replacement. |  |  |  |  |
| 10 | Are any ***high-touch sites***, e.g. bell call, ear phones, bedside entertainment systems, door plates:  | Look at all sites the resident may touch frequently and confirm these are clean and scheduled for regular cleaning.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 13 | Are the ***waste bin(s)***: | Ask staff about number and location of waste bins. Visibly inspect the bins and discus the waste generated. Check all areas including the pedal |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * In good condition minimising infection risks (not overfilled)?
 |  |  |  |  |
| * Operated by a functioning hands free system
 |  |  |  |  |
| * Of a sufficient size and number for the area?
 |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded?
 |  |  |  |  |
| 14 | ***Following discharge*** is there an itemised procedure followed to ensure the safe decontamination of the bed/trolley space between resident use. | Ask for a copy of the procedure and ask how this procedure is confirmed to have been done and done correctly.  |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE |
| Additional if bedroom is en suite |
| 15 | Is the ***en suite bathroom*** : |  |  |  |  |  |
| * Clean
 |  |  |  |  |
| * Tidy – free from clutter
 |  |  |  |  |
| * Free from obvious damage
 |  |  |  |  |
| 16 | Is the ***bath / shower*** (including curtain) |  |  |  |  |  |
| * Clean
 |  |  |  |  |
| * In good working order minimising infection risks?
 |  |  |  |  |
| 17 | Is all ***bathroom furniture including fittings*** |  |  |  |  |  |
| * Clean
 |  |  |  |  |
| * In good working order minimising infection risks?
 |  |  |  |  |
| 18 | Are anti-slip mats clean (free from mould? |  |  |  |  |  |

## Environment: Hand Hygiene Facilities

Individual hand hygiene facilities may be checked along with individual rooms or areas or separately after the other rooms/areas have been done. Select at least 3 hand hygiene stations.

| **No.** | **Standard statement**  | **Guidance** | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***designated wash-hand basin*** used only for hand washing (and not for discarding of any fluids)? | Confirm that it is designated for hand washing only. Ask staff how and where they discard fluids, e.g. IV bags, water used for washing, body fluids? If the use the WHB for any of the above it is not a designated WHB.  |  |  |  |  |
| 2 | Is the ***designated wash-hand basin*** accessible for users? | Check the accessibility of the wash-hand basin.  |  |  |  |  |
| 3 | Is the ***wash-hand basin*** of a safe design: * Plug free?
 | Check the design of the wash-hand basins conforms to the listed requirements.  |  |  |  |  |
| * Overflow free?
 |  |  |  |  |
| * Waste offset from tap flow?
 |  |  |  |  |
| * Providing water at a comfortable temperature, i.e. mixer taps or thermostatically controlled?
 |  |  |  |  |
| * Elbow operated or sensor taps, ***Or***
* Paper towels used to turn off taps?
 |  |  |  |  |
| 4 | Is the ***wash-hand basin***: | Check the wash-hand basin for unnecessary items, e.g. tape, discarded waste, etc.Check for cracks or damage to the surfaces.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Devoid of extraneous items?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Is the ***soap dispenser***:* Clean?
 | Check the soap dispenser for the criteria listed. |  |  |  |  |
| * Containing soap?
 |  |  |  |  |
| * Wall mounted?
 |  |  |  |  |
| * Fitted with a single use cartridge?
 |  |  |  |  |
| 6 | Is the paper ***towel dispenser:**** Clean?
 | Check the paper towel dispenser for the criteria listed. |  |  |  |  |
| * Enclosed?
 |  |  |  |  |
| * Containing paper towels?
 |  |  |  |  |
| 7 | Are there ***posters*** that promote how to perform hand hygiene?  | Confirm the presence of a poster. |  |  |  |  |
| 8 | Are ***alcohol based hand rub containers:**** Available at the point of care?
 | Check availability. |  |  |  |  |
| * Containing alcohol based hand rub?
 |  |  |  |  |
| * Clean?
 |  |  |  |  |
| 9 | Is there a waste bin located by wash-hand basins for ***discarding paper towels that is***? | Ask staff about number and location of waste bins. Visibly inspect the bins and discus the waste generated. Check all areas including the pedal |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Operated by a functioning hands free system
 |  |  |  |  |
| * Of a sufficient size and number for the area?
 |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded?
 |  |  |  |  |

## Environment: Lounge/Living/Sitting room

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***general environment*** excluding floors: * Clean?
 | Walk through the environment and assess the structural components (walls, light fittings, ceilings) are free of dust, dirt, discarded materials, damage, clutter and possible signs of vermin.  |  |  |  |  |
| * Free of tidy/clutter?
 |  |  |  |  |
| * In a good condition (free from damage) minimising infection risks?
 |  |  |  |  |
| 2 | Are all ***surfaces***, including fixtures and fittings (excluding floors): * Clean?
 | Check the horizontal surfaces for the specified criteria. Check surfaces are smooth for easy cleaning. There should be no evidence of moisture seepage.  |  |  |  |  |
| * Cleanable (e.g. coved edges)?
 |  |  |  |  |
| * Free of clutter?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 3 | Is the ***floor covering***: * Clean?
 | Check the floor surface is both cleanable and clean.Check the floor covering is in a good condition, e.g. no rips, tears or tape.Check the cleaning schedule for the floors. |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * Free of extraneous items?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 4 | Is other non-bed-space equipment: ***TV screens, Computer screens, Telephones, fans,*** * Clean?
 | Look for such equipment and confirm it is listed for cleaning, clean and able to be cleaned. (Check minimum of 3). |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |

## Environment: The Bathroom(s) /Showers

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Are the bathroom(s)/shower room(s) ***of a sufficient size*** to enable easy resident access (along with any required equipment). | All residents must be able to safely access and leave the facility. Consider the size of the room relative to the resident population. Ask the staff if the area is easy to use.  |  |  |  |  |
| 2 | Is the ***bathroom/shower environment*** excluding floors: | Walk around the area and check the cleanliness and state of repair.Confirm no extraneous items, e.g. tape, left over toiletries, mini linen store.  |  |  |  |  |
| * Clean
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition (free of damage) minimising infection risks?
 |  |  |  |  |
| * Free of clutter / extraneous items
 |  |  |  |  |
| 3 | Are any ***surfaces***, excluding floors: | Check the surfaces for the specified criteria. Coved edges enable easy cleaning.There should be no evidence of moisture seepage.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (coved edges)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 4 | Is the ***floor covering***:  | Check the floor surface is both cleanable (impervious to moisture) and clean.Check the floor covering is in a good condition, e.g. no rips, tears or tape.Check the cleaning schedule for the floors. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Are ***the baths/showers (including shower heads)***: | Look up to the shower heads – confirm on the cleaning schedule. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 7 | Are the ***shower curtains***: | Open the curtain to check for signs of mould. Check the cleaning/replacement schedule.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Scheduled for routine replacement or cleaning?
 |  |  |  |  |
| 8 | Are ***anti-slip bath/shower mats*** visibly clean, dry and free from mould? | Look at both sides of the bath mat |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Free from mould?
 |  |  |  |  |
| * Stored to facilitate drying?
 |  |  |  |  |
| 9 | Are ***hoists and other aids***: | Observe all parts of the hoist / aids– including the underside.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (all surfaces intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 10 | Are all ***toiletries*** in the area single use? | Confirm that the sundries in the area are for single use, e.g. soaps |  |  |  |  |
| 11 | Are facilities available for ***the disposal of***: | Check for the presence of waste facilities. |  |  |  |  |
| * Domestic waste
 |  |  |  |  |
| * Sanitary waste (if required)
 |  |  |  |  |
| * Offensive waste (if required)
 |  |  |  |  |
| 12 | Are ***the waste bin(s)***: | Ask staff about number and location of waste bins. Visibly inspect the bins and discus the waste generated.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * In good condition minimising infection risks (not overfilled)?
 |  |  |  |  |
| * Operated by a functioning hands free system
 |  |  |  |  |
| * Of a sufficient size and number for the area?
 |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded?
 |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 9 MAY BE REPEATED HERE |

## Environment: The toilet(s)

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Are there ***sufficient toilets*** in this facility given the resident population care for? | Ask the staff whether there are always sufficient toilets to meet the resident needs. |  |  |  |  |
| 2 | Is ***the toilet(s) area of a sufficient size*** for staff to safely aid resident usage? | Ask the staff and or residents if the toilet areas are of a sufficient size. |  |  |  |  |
| 3 | Is the ***toilet area*** excluding floors: | Visible check of the entire toilet area.Confirm there are no extraneous items. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Free from inappropriate items.
 |  |  |  |  |
| 4 | Are all ***horizontal surfaces***, excluding floors: | Check the horizontal surfaces for the specified criteria. Coved edges enable easy cleaning.There should be no evidence of moisture seepage.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Is the ***floor covering***:  | Visible check of the entire toilet area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 6 | Are the ***toilet(s) including raised toilet seats:*** | Visible check including the underside of the seats. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 8 | Are ***toilet brushes and their holders*** visibly clean? | Visible check. |  |  |  |  |
| 9 | Are all ***items stored off the floor*** (e.g. raised toilet seats)? | Visible check. |  |  |  |  |
| 10 | Are residents ***encouraged and assisted to wash their hands*** after using the toilet? | Ask residents and HCWs if this is done. Observe practice if possible.  |  |  |  |  |
| 11 | Are there ***facilities available*** for the correct disposal of: | Check for the presence of waste facilities. |  |  |  |  |
| * Domestic waste
 |  |  |  |  |
| * Offensive waste
 |  |  |  |  |
| 12 | Are ***the waste bin(s)***: | Ask staff about number and location of waste bins. Visibly inspect the bins and discus the waste generated. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * In good condition minimising infection risks (not overfilled)?
 |  |  |  |  |
| * Operated by a functioning hands free system
 |  |  |  |  |
| * Of a sufficient size and number for the area?
 |  |  |  |  |
| HAND HYGIENE FACLITIES 1 –8 MAY BE REPEATED HERE |

## Environment: Staff Toilet

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the ***staff toilet area*** include ***wash-hand basin(s***) that is/are:  | Check the available hand hygiene facilities in the area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Of an appropriate functioning design?
 |  |  |  |  |
| * Accessible?
 |  |  |  |  |
| * Free of clutter/extraneous items?
 |  |  |  |  |
| 2 | Is the ***staff toilet area*** excluding floors: | Visible check of the entire toilet area.Confirm there are no extraneous items. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 3 | Are all ***other surfaces***, excluding floors: | Check the horizontal surfaces for the specified criteria. Coved edges enable easy cleaning.There should be no evidence of moisture seepage.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 4 | Is the ***floor covering***:  | Visible check of the entire toilet area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Are the staff ***toilet(s)***  | Visible check including the underside of the seats. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 6 | Are there ***sufficient sundries***: | Check availability. |  |  |  |  |
| * Paper towels (within a dispenser)?
 |  |  |  |  |
| * Toilet paper?
 |  |  |  |  |
| * Liquid soap for hand hygiene?
 |  |  |  |  |
| 7 | Are ***toilet brushes and their holders*** clean? | Visible check. |  |  |  |  |
| 8 | Is there poster promoting hand hygiene after toilet use? | Look for a poster.  |  |  |  |  |
| 9 | Is there a domestic waste bin that is: | Ask staff about number and location of waste bins.  |  |  |  |  |
| * Not over filled?
 |  |  |  |  |
| * In a good condition?
 |  |  |  |  |
| * Operated via a functioning hands free mechanism?
 |  |  |  |  |
| 10 | Are facilities available for the disposal of sanitary waste? | Check for sanitary bin.  |  |  |  |  |

## Environment: Clean Utility

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Does the ***area provide a suitable space*** to enable the safe preparation of aseptic procedures as well as the storage of essential items? | Ask staff what procedures are done in the area and how easy it is to prepare for procedures in this space. Check the amount of sundries in the area – confirm the area is fit for the purpose it is being used for.  |  |  |  |  |
| 2 | Is the space reserved for only ‘***clean procedure preparation***’?  | Ask the staff if any dirty procedures are performed there, including the dismantling of procedure trolleys that have been completed. Observe practice whilst undertaking the assessment.  |  |  |  |  |
| 3 | Is the ***clean utility area*** excluding floors: | Observe the overall area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * Free from clutter?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 4 | Are all ***horizontal surfaces***, excluding floors: | Check the horizontal surfaces for the specified criteria. Coved edges enable easy cleaning.There should be no evidence of moisture seepage.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact, coved edges)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Is the ***floor covering***: | Check floor space. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 6 | Are ***fixtures and fittings***: | Confirm no damage or repair needed. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 7 | Are the ***storage shelves or cupboards***: (inside and outside)  | Observe all storage in the area.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (fully cleanable surfaces)?
 |  |  |  |  |
| 8 | Are all ***items stored*** above floor level?  | Observe the floor level. |  |  |  |  |
| 9 | Are ***the items stored*** in accordance with the manufacturer’s instructions (light / temperature requirements followed)? | Check for specific restrictions. |  |  |  |  |
| 10 | Are ***the items stored free*** from splash contamination and visible dust?  | Look for a splash contamination risk to sterile preparations, e.g. drug preparations? Look for evidence of stains on sterile packaging. |  |  |  |  |
| 11 | Is there a ***designated trolley*** (or surface) available for the preparation of aseptic procedures? | Check how and where procedures are prepared – making sure this is a suitable space. |  |  |  |  |
| 12 | Is this ***designated trolley/surface***: | Check trolley/surfaces in the area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 13 | Is the ***drug refrigerator:*** | Check temperature and contents of the refrigerator. Confirm action is taken if the consistently not in the temperature range.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Within the specified temperature range?
 |  |  |  |  |
| * Containing only drugs?
 |  |  |  |  |
| 14 | Are ***single dose vials*** used only once before being discarded? | Look for used single dose vials being replaced in the cupboard. |  |  |  |  |
| 15 | Are ***multi-dose vials*** (if allowed) used and stored in compliance with the manufacturer’s guidelines?  | Look for a date for discarding if opened. Consider alternatives if possible. Confirm staff know infection risks from ‘double-dipping’. |  |  |  |  |
| 16 | If drug preparation is performed in this area, and a ***wash-hand basin*** is present – is there confirmation that this wash-hand basin is needed? | Splash from wash-hand basins can contaminate sterile surfaces and infusates that are being prepared - leading to blood stream infections |  |  |  |  |
| 17 | Are ***the waste bin(s)***: | Ask staff about number and location of waste bins. Visibly inspect the bins and discus the waste generated. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * In good condition minimising infection risks (not overfilled)?
 |  |  |  |  |
| * Operated by a functioning hands free system
 |  |  |  |  |
| * Of a sufficient size and number for the area?
 |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded?
 |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE |

## Environment: The Dirty Utility / Sluice Area

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***space available*** in this area sufficient for all the tasks that are undertaken therein; and the items that are stored here before they are used? | Check that staff are not bumping into each other or having to move equipment to gain access to equipment. |  |  |  |  |
| 2 | Is the ***dirty utility/sluice area*** excluding floors: | Observe the entire area including walls, windows, ceilings, and light fittings - confirm as specified free from dust/dirt/debris/insects etc. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Free of infestation?
 |  |  |  |  |
| * Free of clutter?
 |  |  |  |  |
| 3 | Are all ***horizontal surfaces,*** excluding the floor, clean? | Check the horizontal surfaces for the specified criteria – includes a rack if present. Coved edges enable easy cleaning. |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Free of clutter?
 |  |  |  |  |
| 4 | Is the ***floor covering***:  | Check the floor area, look for signs of leakage in particular from the macerator or washer-disinfector. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Is the ***sluice macerator:*** | Look for evidence of splash on the surfaces / floor around and adjacent to the macerator.  |  |  |  |  |
| * Working well?
 |  |  |  |  |
| * Without signs of being overloaded?
 |  |  |  |  |
| * Without splash contamination of surrounding surfaces?
 |  |  |  |  |
| 6 | Is the ***washer-disinfector***: | Look for the maintenance record and instructions for use being easily available. Ask staff about any issues.  |  |  |  |  |
| * Functioning well?
 |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Tested in line with manufacturer’s requirements and HTM 20:30?
 |  |  |  |  |
| 7 | Is there a ***deep sink*** for washing of specified items (not used for hand hygiene)? | May be required if non-disposable jugs are used.  |  |  |  |  |
| 8 | Is there a ***safe system for discarding body fluids*** including blood into a disposal unit?  | Ask the staff how they discard blood and or body fluids avoiding personal and environmental contamination.  |  |  |  |  |
| 9 | Are ***disinfectants (including spill kits) (liquids, tablets, wipes)*** in line with local policy, available from a COSHH approved, i.e. locked cupboard for the decontamination of blood and body fluid spills?  | Check disinfectant materials in the policy against those available in the sluice. |  |  |  |  |
| 10 | Is there ***a poster*** detailing how to decontaminate blood or body fluid spills, discard materials and use personal protective equipment? | The poster should be in good condition and in an accessible position. |  |  |  |  |
| 11 | Is ***PPE*** (Gloves, Apron, Eye protection) available either within or very close to the sluice | These items should be available but kept free from possible splash contamination.  |  |  |  |  |
| Items awaiting next resident usage commonly kept in the sluice area |
| 12 | Are **commodes**: * Clean?
 | Check all commodes in the sluice.Look for an at hand SOP or poster detailing how to decontaminate a commode.  |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * Marked ready for next use?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Kept away from possible splash contamination risk?
 |  |  |  |  |
| 13 | Are **washbowls**:* Stored away from splash contamination pre use?
 | Check washbowls in the sluice (note if reusable, they are stored in a suitable manner i.e. dry and inverted) |  |  |  |  |
| * Single resident use? **Or** Clean, cleanable and in good condition?
 |  |  |  |  |
| 14 | Are **catheter stands**:* Clean?
 | Check catheter stands. |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good condition able to be used safely?
 |  |  |  |  |
| * Stored away from splash possible contamination?
 |  |  |  |  |
| 15 | Are **bedpans or urinals:*** Reprocessed through the washer disinfector, and visibly clean awaiting next resident use, **Or**
* Single-use disposable and stored away from possible splash contamination?
 | Check bedpans and urinals. |  |  |  |  |
| 16 | Are **measuring jugs**:* Reprocessed through the washer disinfector, and visibly clean awaiting next resident use? **Or**
* Single-use disposable and visibly clean?
 | Check measuring jugs. |  |  |  |  |
| 17 | Are **any other items**: * In this area stored in a closed cupboard or away from possible splash contamination?
 | Look where other items are kept.  |  |  |  |  |
| 18 | Are there ***facilities available*** for the correct disposal of:  | Assess the waste bins in the areas. |  |  |  |  |
| * Domestic waste
 |  |  |  |  |
| * Offensive waste
 |  |  |  |  |
| 19 | Are ***the waste bin(s)***: | Ask staff about number and location of waste bins. Visibly inspect the bins and discus the waste generated. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * In good condition minimising infection risks (not overfilled)?
 |  |  |  |  |
| * Operated by a functioning hands free system
 |  |  |  |  |
| * Of a sufficient size and number for the area?
 |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded?
 |  |  |  |  |
| HAND HYGIENE FACLITIES 1 – 8 MAY BE REPEATED HERE |

## Environment: Dining Room / Cafe

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***dining room / café*** | Observe the entire area. Check for appropriate storage facilities, clutter and general condition.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Free of clutter (all items suitably stored)?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising any infection risks?
 |  |  |  |  |
| 2 | Are all ***furnishings and fittings (***excluding floor***):***  | Check visible cleanliness of chairs, curtains, blinds and any other fittings |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising any infection risks?
 |  |  |  |  |
| 3 | Are all ***other surfaces:*** | Check surfaces are impermeable and of a washable material.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising any infection risks?
 |  |  |  |  |
| 3 | Is the ***floor:*** | Observe the floor particularly under the tables.Check the edges are free of dirt and grit.Check for any damage. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising any infection risks?
 |  |  |  |  |
| 4 | Are the ***tables, coverings including mats***  | Check for visibly cleanliness and a lack of stickiness.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising any infection risks?
 |  |  |  |  |
| 5 | Are the ***condiment containers:***  | Check salt, peppers and sauce containers for build-up of debrisCheck any items left out are in accordance with manufacturer’s instructions.  |  |  |  |  |
| * Visibly clean?
 |  |  |  |  |
| * Stored as per manufacturer’s instructions, i.e. sauces refrigerated as necessary?
 |  |  |  |  |

## Environment: The Domestic Service Room (DSR)

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | IIs there provision for the separate storage / management area (i.e. a ***Domestic Service Room* suitable)?** | Ask the domestic how easy it is to undertake the necessary procedures in the space provided. Look to confirm that there is sufficient space.  |  |  |  |  |
| 2 | Is the ***domestic service room*** excluding floors:  | Check the DSR.  |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * Free from clutter?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 3 | Are all ***fixtures, fittings and surfaces,*** excluding the floor: | Check the DSR. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact / coved edges )?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 4 | Is the ***floor covering***:  | Check the DSR floor. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Free of infestation?
 |  |  |  |  |
| 5 | Are ***items in the DSR***? | Check the DSR. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 6 | Are ***any unused or cleaned items stored*** such that they are free from any likely splash contamination?  | Check the DSR. |  |  |  |  |
| 7 | Is there evidence that ***a colour coded system*** is in operation and understood by nursing and domestic staff? | Ask the domestic and nursing staff bout the colour coded system in use and for any posters or materials explaining the system |  |  |  |  |
| 8 | Do the domestic staff have ***access to PPE*** suitable for their needs? | Ask the domestic where and when s/he uses PPE and from where it is obtained. |  |  |  |  |
| 9 | Are ***mop buckets***, ***mob bucket ringers*** or other reprocessed items:* Stored clean and dry?
 | Ask the domestic how mob buckets and ringers are used and stored.Observe the DSR.  |  |  |  |  |
| 10 | Are ***mop heads***:* Laundered after single use, **Or**
* Disposable?
 | Ask the domestic how mop heads are used and discarded. Observe practice if possible. |  |  |  |  |
| 11 | Are ***cleaning cloths*** used as designated:* Single use then laundered? **Or**
* Single use then disposable? **Or**
* Microfiber – used in accordance with manufacturer’s instructions.
 | Ask the domestic how cleaning cloths are used. Observe practice if possible. Check manufacturer’s instructions.  |  |  |  |  |
| 12 | Is there easy access to ***hand washing facilities*** either in the DSR or close by.  | Assess the closeness of the hand washing facilities.. |  |  |  |  |
| 13 | Is there a disposal unit for the discarding of waste water? | Ask where the mob bucket water is discarded.  |  |  |  |  |

## Environment: Pets and Pet Therapy is safely managed

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is there evidence of an up-to-date health schedule for pets and pet visitors?  | Ask for evidence of vaccination and treatment for worms, fleas etc. |  |  |  |  |
| 2 | Are food storage/food preparation/dining/clinical/laundry/sluice areas kept free of pets and their belongings?  | Check for beds, feeding bowls, cat litter trays etc? |  |  |  |  |
| 3 | Are pet food containers, once opened, kept separate from food for human consumption?  | Check for pet food. |  |  |  |  |
| 4 | Do staff, residents and visitors wash their hands after having contact with pets and pet visitors?  | Observe practice or ask a member of staff to describe procedure. |  |  |  |  |
| 5 | Are litter boxes cleaned daily bynon-pregnant members of staff?  | Observe practice or ask a member of staff to describe procedure. |  |  |  |  |
| 6 | Do staff wear personal protective equipment to clean pet bedding/cat litter trays?  | Observe practice or ask a member of staff to describe procedure. |  |  |  |  |

## Environment: Kitchen (including food storage)

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Have all staff involved in the preparation of food received ***food hygiene and refresher training***. | Check training records. |  |  |  |  |
| 2 | Is there a ***cleaning schedule*** specifically for all areas of the kitchen? | Ask to see the schedule |  |  |  |  |
| 3 | Is the current ***food hygiene policy*** available within the kitchen? | Ask to see the policy. |  |  |  |  |
| 4 | Is the ***Kitchen Environment*** excluding floors:  | Observe the kitchen area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * Free from clutter?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Are the ***Kitchen Fixtures and Fittings*** including ***work surfaces:*** | Observe all the surfaces, fixtures and fittings in the kitchen area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 6 | Is the ***Kitchen Floor:*** | Check all areas look closely for signs of infestation. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Free of infestation?
 |  |  |  |  |
| 7 | Are all ***food products:*** | Check all food storage and food storage containers. |  |  |  |  |
| * Stored above floor level?
 |  |  |  |  |
| * Stored to prevent infestation?
 |  |  |  |  |
| * Bread stored in a clean dry container?
 |  |  |  |  |
| * Milk stored in the refrigerator?
 |  |  |  |  |
| * Labelled with regard to use-by / discard-by dates
 |  |  |  |  |
| 8 | Is there ***a sink for all requirements other than hand hygiene***? | Confirm present |  |  |  |  |
| 9 | Is there a dedicated ***hand washing facility*** in the kitchen? | This is a legal requirement. |  |  |  |  |
| 10 | Is there ***a domestic waste bin*** available: | Confirm the waste facilities are as required.  |  |  |  |  |
| * Not over filled?
 |  |  |  |  |
| * In a good condition?
 |  |  |  |  |
| * Operated via a functioning hands free mechanism?
 |  |  |  |  |
| * Of the correct colour coded designation?
 |  |  |  |  |
| HAND HYGIENE FACLITIES 1- 8 MAY BE REPEATED HERE |

## Environment: Kitchen Equipment

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Are ***refrigerators/freezers*** visibly clean and free from ice build-up and mould? | Check the refrigerators / freezers. |  |  |  |  |
| 2 | Are the ***daily freezer/refrigerator temperature*** recordings within required limits? | Check the recording sheets. |  |  |  |  |
| 3 | Is action taken if the ***daily freezer/refrigerator temperature*** recordings are above normal limits? | Check the action log. |  |  |  |  |
|  | Is food belonging to individual residents stored in the fridge labelled with their name/date and expiry/eat by date? |  |  |  |  |  |
|  | Are food supplement drinks discarded 4 hours after opening or in accordance with labelling instructions? |  |  |  |  |  |
| 4 | Does the refrigerator contain ***only items of food*** | Check the refrigerator. |  |  |  |  |
| 5 | Is ***paper roll*** available for the drying of utensils and surfaces. | Check the kitchen |  |  |  |  |
| 6 | Is the ***dishwasher:***  | Check the dishwasher. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Functioning and maintained.
 |  |  |  |  |
| 7 | Is there first aid box containing ***coloured waterproof dressings***? | Ask were the plasters are located. |  |  |  |  |
| 8 | For ***the preparation and serving of food*** are: | Ask what and where the plastic aprons and gloves for food handling are kept.  |  |  |  |  |
| * Plastic aprons available?
 |  |  |  |  |
| * Single-use gloves?
 |  |  |  |  |

## Environment: Kitchen chilled water & ice-making

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | Are water coolers/ice machines on a potable supply, e.g. mains or treated water? | Confirm the machine has been appropriately plumbed.  |  |  |  |  |
| 2 | Are the ***instructions for the correct use*** and maintenance of chilled-water or ice-making machines available in the care home? | Failure to maintain the machines poses infections risks – confirm the instructions are available. |  |  |  |  |
| 3 | Is the ***water cooler/ice machine***:* Clean?
 | Check the cleaning regimen, observe for cleanliness and safe usage.  |  |  |  |  |
| * Cleaned as per manufacturer’s instructions (including any nozzles)?
 |  |  |  |  |
| * Subject to planned maintenance?
 |  |  |  |  |
| * Of a type that dispenses ice from a nozzle on demand?
 |  |  |  |  |

## Environment: Food Hygiene Handling and Serving

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Standard statement | Guidance | Yes | No | N/A | Comments |
| 1 | Do staff wash their hands when entering the kitchen area?  | Ask a member of staff about practice. |  |  |  |  |
| 2 | Do staff serving meals or feeding residents wear clean designated tunics OR colour coded disposable aprons?  | Observe practice or ask a member of staff to describe procedure. |  |  |  |  |
| 3 | Do staff wash their hands prior to serving meals/feeding residents?  | Observe practice or ask a member of staff to describe procedure. |  |  |  |  |
| 4 | Are residents always offered the opportunity to wash their hands before meal times?  | Observe practice or ask a member of staff to describe procedure. |  |  |  |  |

# Equipment: Safety - in use and not in a store

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is ***there an equipment decontamination schedule*** that includes: | Look at the schedule for the equipment. Confirm all equipment is listed and allocated. Confirm staff know who cleans all parts of items such as, e.g. upper and lower parts beds, over-bed table surface and underneath. |  |  |  |  |
| * All equipment in the area?
 |  |  |  |  |
| * The frequency of cleaning / decontamination?
 |  |  |  |  |
| * The method of cleaning /decontamination?
 |  |  |  |  |
| * The storage requirements between usage?
 |  |  |  |  |
| * The responsibility for cleaning / decontamination (domestic / nursing)?
 |  |  |  |  |
| 2 | Are staff aware of the items of equipment for which they are ***responsible*** for decontamination? | Select 3 items from the list and confirm with staff that they are aware of their responsibility.  |  |  |  |  |
| 3 | Are single-use items are ***used once*** and then discarded? | Ask staff if they are aware of any single use items that are reused.  |  |  |  |  |
| 4 | Are ***cleaning / decontamination products*** available within the care home for cleaning/decontaminating communal resident equipment, e.g. general purpose detergent and disposable paper towels or disposable detergent wipes / disinfectant wipes? | Ask staff where the products are kept and whether they are always available.  |  |  |  |  |
| 5 | Is all equipment ***currently in-use/allocated to* *residents*,** e.g. zimmer frames, specialist cushions, etc:* Clean?
 | Visually inspect any such equipment in use and the cleaning schedule. |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising infection risks?
 |  |  |  |  |
| 6 | Is all equipment which is ***mounted on wheels***, and which remains in the area, e.g. wheelchairs, note trolleys, mobile X-Rays machines, resuscitation trolley, (***exercise bikes*** and ***gym equipment***):* Clean?
 | Visually inspect any such equipment in use. |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * Safely placed between use?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 7 | Is equipment kept in ***resuscitation trolleys***:* Sterile, single use **Or**,
* Centrally decontaminated since last use), without wrapper damage and within expiry date?
 | Visually inspect any such equipment. |  |  |  |  |
| 8 | Is equipment which is ***a high-risk for blood borne virus cross-transmission***, e.g. blood glucose monitoring equipment and sundries, visibly clean without any evidence of blood splatter? | Visually inspect any such equipment in use. |  |  |  |  |
| 9 | Is all ***manually handling equipment***: * Clean?
 | Visually inspect any such equipment in use and the cleaning schedule. |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Stored safely away from areas where it could be contaminated (e.g. not in the sluice and for transfer slides not on the floor)?
 |  |  |  |  |
| * Slings used for a single resident or centrally laundered after resident use (as per labelling)?
 |  |  |  |  |
| 10 | Is ***respiratory equipment***: | Observe practice and ask staff what their normal practice is. |  |  |  |  |
| * Oxygen mask is within packaging and in a clean ready for next resident use condition?
 |  |  |  |  |
| * Suction equipment is free of dust and in a ready for next resident use condition?
 |  |  |  |  |
| * Nebulisers: sterile fluids only used
 |  |  |  |  |
| * Nebulisers: stored clean and dry
 |  |  |  |  |
| * Nebulisers: usage as per manufacturer’s instructions – single resident use.
 |  |  |  |  |
| 11 | Is all ***other specialist equipment on the care home***  (e.g. bladder scanners, continuous passive movement - straps and machine, continence aids): * Clean?
 | Visually inspect any such equipment in use. |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Being centrally decontaminated between resident use?
* **Or**, decontaminated in the care home following the manufacturer/IPCT guidelines?
 |  |  |  |  |
| * Checked pre-use to confirm it is clean and does not pose a cross-transmission risk?
 |  |  |  |  |
| * Are straps and other items in contact with the resident’s skin are cleaned between use?
 |  |  |  |  |
| 12 | Are ***items sent for service***, ***inspection or repair:**** Decontaminated before being dispatched?
 | Ask staff for the procedure and confirm the labelling process in use.  |  |  |  |  |
| * Labelled indicating the decontamination status?
 |  |  |  |  |
| 13 | If ***loaned equipment*** is used:* Is this done in compliance with hospital policy?
 | Ask staff for the procedure and confirm the labelling process in use. |  |  |  |  |
| * Is the equipment decontaminated prior to being used?
 |  |  |  |  |

## Equipment: Store Room & Stored Equipment

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the ***Store Room space*** sufficient for all the items stored therein? | Look in the store room and ask a member of staff for their opinion. |  |  |  |  |
| 2 | Is the ***Store Room*** excluding floors: | Visually inspect the store room. |  |  |  |  |
| * Clean
 |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| * Free of clutter?
 |  |  |  |  |
| * Free of infestation?
 |  |  |  |  |
| 3 | Are all ***surfaces,*** excluding the floor: | Visually inspect the store room. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable (intact, coved edging)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 4 | Is the ***floor covering***: * Clean?
 | Visually inspect the store room. |  |  |  |  |
| * Cleanable (intact)?
 |  |  |  |  |
| * In a good condition minimising infection risks?
 |  |  |  |  |
| 5 | Are all items in the store room ***free from any possible splash*** contamination and protected from dust?  | Visually inspect the store room. |  |  |  |  |
| 6 | Apart from items designed to be placed on the floor, e.g. drip stands, are all items in the store room ***placed off the floor***? | Visually inspect the store room. |  |  |  |  |
| 7 | Are the items stored in a way such that they ***maximise available space*** and permit access to all areas of the room? | Visually inspect the store room. |  |  |  |  |
| 8 | Have all items in the store (if used) been:* ***Cleaned and or*** ***decontaminated*** prior to being placed in the store?
 | Visually inspect the items in the store room. |  |  |  |  |
| * In a ***good condition*** minimising infection risks?
 |  |  |  |  |
| * ***Marked safe*** for next resident use?
 |  |  |  |  |
| 9 | Are ***the sterile items:*** | Check a selection of sterile items (if any). |  |  |  |  |
| * Stored avoiding possible splash contamination?
 |  |  |  |  |
| * Within expiry dates?
 |  |  |  |  |
| * In undamaged wrapping?
 |  |  |  |  |
| * Stored off the floor?
 |  |  |  |  |

# Waste – Safe Discarding & Disposal including the safe use of sharps

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Are ***the waste bins***:* Clean?
 | Visibly check a selection of at least 3 bins.  |  |  |  |  |
| * In good condition (not overfilled)?
 |  |  |  |  |
| * Operated by a functioning hands free system?
 |  |  |  |  |
| * Of a sufficient size and number for the area?
 |  |  |  |  |
| * Correctly colour coded for the waste being generated / discarded?
 |  |  |  |  |
| 2 | Are waste bags ***filled up to 3 / 4 full*** - capable of being tied/secured? | Look at waste bags in the storage and in use. |  |  |  |  |
| 3 | Are waste bags ***labelled before storage***? | Look at waste bags in the storage. |  |  |  |  |
| 4 | Are waste bags ***stored in a designated safe***, lockable area/facility before uplift. | Look at waste bags storage room. |  |  |  |  |
| 5 | Are offensive waste bags stored separately to domestic waste bags? |  |  |  |  |  |
| 6 | Is there a ***poster reminding staff*** of the correct procedures – including colour coding? | Ask staff where any visual reminders are. |  |  |  |  |
| 7 | Considering the area and resident//visitor population is the ***positioning of sharps bins safe***, i.e. out of the reach of vulnerable people? | Look at the positioning of the sharps bins.  |  |  |  |  |
| 8 | Are sharps containers ***used correctly*** in this clinical setting: * Only sharps containers marked BS7320 (1990)/UN3291 used?
 | Look at the sharps bins in use (at least 3) |  |  |  |  |
| * All containers correctly assembled?
 |  |  |  |  |
| * All labelled or tagged with date, locality and signature for assembly
 |  |  |  |  |
| * All discarded sharps are below the fill line?
 |  |  |  |  |
| * Temporary closures activated between use?
 |  |  |  |  |
| * Stored secured in a locked facility whilst awaiting uplift
 |  |  |  |  |
| 9 | Are sharps ***disposed of safely*** in this clinical setting?* Sharps deposited into an approved container at the point of use?
 | Look at the sharps bins in use (at least 3) and the surrounding area. Observe practice. |  |  |  |  |
| * Needles and syringes discarded as a single unit?
 |  |  |  |  |
| * Absence of resheathing?
 |  |  |  |  |
| * Containers free from obvious blood and body fluid contamination (and contamination of the surrounding area)?
 |  |  |  |  |
| 10 | Is, where practicable, the use of ***sharps avoided*** in this clinical setting?  | Consider the sharps used and whether needleless devices would be more appropriate.  |  |  |  |  |
| 11 | Are outside ***waste containers or storage/waste compound areas*** kept clean ad tidy without evidenceof vermin or inappropriate items? | Check there are no items on the floors behind the bins.  |  |  |  |  |
| 12 | Is the ***removal of all waste categories infectious/healthcare risk waste and offensive*** removed by a registered contractor (with a valid licence)? | Ask for evidence to confirm.  |  |  |  |  |

# Linen: Safe Storage, Segregation and Usage

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Are the areas ***where clean linen is stored*** appropriate, i.e. not exposed to splash or pathogenic, microbial contamination? | Linen can become contaminated if left exposed to microbial contamination from airborne dissemination of skin scales or droplets. Confirm the linen is stored free from contamination risk. |  |  |  |  |
| 2 | Are ***the linen storage facilities*** (including floors and shelves):* Clean?
 | Visible check of the area. |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising infection risks?
 |  |  |  |  |
| * Free from extraneous items?
 | Visible check of the area. |  |  |  |  |
| 3 | Is the ***clean linen stored*** ***off the floor***?  | Visible check of the area |  |  |  |  |
| 4 | Are ***water soluble bags*** used for soiled or infected linen? | Check for supplies and observe practice.  |  |  |  |  |
| 5 | Is ***used linen*** placed directly into colour coded bags at the (i.e. not carried through the care area)? | To confirm safe disposal. Observe practice and look in the area where used linen is collected from. |  |  |  |  |
| 6 | Is soiled linen, contaminated with blood or body fluids, or from an isolation room ***placed in water-soluble bags***? | Look for availability of water soluble bags and ask staff to confirm they are familiar with the practice. |  |  |  |  |
| 7 | Are ***used linen bags able to be secured*** (<2/3rds full)? | To confirm safe disposal. Observe practice and look in the area where used linen is collected from. |  |  |  |  |
| 8 | Is ***used linen stored in a designated area*** where it does not pose an infection risk to others?  | To confirm safe disposal. Observe practice and look in the area where used linen is collected from. |  |  |  |  |
| 9 | Are ***rigid linen containers***/trolleys clean? | Check the trolleys. |  |  |  |  |
| 10 | Do staff wear disposable gloves and aprons when ***handling soiled linen***? | Observe practice and ask a member of staff to describe the procedure.  |  |  |  |  |

# Laundry Management

| No. | Standard statement  | Guidance | Yes | No | N/A | Comments |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Is the designated area for laundering resident/resident items of an ***appropriate design*** and **placement** (away from food preparation)? | A multi-purpose bathroom or utility room is not appropriate. |  |  |  |  |
| 2 | Is there a dirty-to-clean work flow in the room? | Check how the dirty to clean flow works. |  |  |  |  |
| 3 | Is **PPE available:** | Check for supplies. |  |  |  |  |
| * Gloves?
 |  |  |  |  |
| * Apron?
 |  |  |  |  |
| 4 | Is the ***entire laundry environment***:  | Check the entire area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising infection risks?
 |  |  |  |  |
| * Free of extraneous items (including food & drink)?
 |  |  |  |  |
| 5 | Are all ***fixtures and fittings***? | Look at all the fixtures and fittings in the area. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising infection risks?
 |  |  |  |  |
| 6 | Are all ***work surfaces*** | Check all work surfaces. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising infection risks?
 |  |  |  |  |
| 7 | Is the ***floor***: | Check the floor. |  |  |  |  |
| * Clean?
 |  |  |  |  |
| * Cleanable?
 |  |  |  |  |
| * In a good state of repair minimising infection risks?
 |  |  |  |  |
| 8 | Is the ***tumble dryer vented*** to the outside? | Check the venting mechanism  |  |  |  |  |
| 9 | Is the washing machine of an ‘industrial category’? | Check the machine |  |  |  |  |
| 10 | Is the tumble dryer of an ‘industrial category’? | Check the machine |  |  |  |  |
| 9 | Is the washing machine and tumble dryer included in a ***planned maintenance programme***? | Ask to see the contract/programme |  |  |  |  |
| 11 | Is all soiled linen initially laundered on a pre-wash (sluice) machine cycle? | Observe practice.  |  |  |  |  |
| 12 | Is the washing machine ***on a plinth***? | Check for a plinth. |  |  |  |  |
| 13 | Is there a domestic ***waste bins*** in the laundry area that is: | Check the waste facilities.  |  |  |  |  |
| * Not over filled?
 |  |  |  |  |
| * In a good condition?
 |  |  |  |  |
| * Operated via a functioning hands free mechanism?
 |  |  |  |  |
| * Of the correct colour coded designation?
 |  |  |  |  |
| 14 | Are ***laundry baskets / linen skips*** clean? | Check two. |  |  |  |  |
| HAND HYGIENE FACLITIES 1- 8 MAY BE REPEATED HERE |