

# PEASMARSH PLACE CARE HOME

## INFECTION CONTROL AUDIT

**Date: 19.05.2022**

### Overall score for this audit:

This home has achieved an overall rating of 96.68% - resulting in a rating of in a process where the benchmark is set deliberately high. (See rating levels below)

**However** - The home is (compliant/non-compliant) in 3.32% of the overall standard for Infection Control as defined by the DoH.

The Manager will now draft and implement an action plan to address any areas of non or partial compliance.

Score	X / 181	Percentage score	Rating
Overall	175/ 181	96.68%	Excellent

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor

# 1. Hand Hygiene

**Standard statement:**

Hands will be decontaminated correctly and in a timely manner using an appropriate cleansing agent to reduce risk of cross infection.

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	The home has comprehensive procedures and a policy for hand hygiene	√			BETTEL P+P
2	Structures are in place to ensure compliance and monitoring of the policy	√			OBSERVATIONAL AUDIT
3	Hand hygiene is an integral part of staff induction	√			
4	Staff have received training in hand hygiene procedures at least annually	√			TRAINING MATRIX JULY 2022 RECORDED
5	Care staff nails are short, clean and free from nail extensions and varnish	√			
6	No wrist watches, stoned rings or other wrist jewellery are worn during clinical procedures. Arms are bare below the elbow.	√			
7	All visitors must wash their hands on arrival and leaving the house.	√			
8	Posters prompting hand hygiene are available and are on display	√			
9	There is a hand wash basin in each treatment/ clinical area	√			IN EVERY BEDROOM
10	Hand washing facilities are clean and intact (sinks, taps, splash backs, soap and towel dispensers)	√			
11	Hand wash basins are dedicated to that use only and are free from used equipment/inappropriate items	√			
12	There is easy access to the hand wash basin	√			
13	The hand wash basin complies with HTM 64, i.e. no plugs, no overflows, water from taps not directly situated above the plug hole			√	Not relevant for this setting
14	Elbow operated taps are available at all hand wash basins in clinical areas			√	Not relevant for this setting
15	Liquid soap is available at all hand wash basin and is in the form of single use cartridge dispensers, ideally wall hung	√			Need to revert to wall hung use now post pandemic
16	There is no bar of soap at hand washing basins in treatment/clinical areas	√			
17	Alcohol hand rub is available at the point of care	√			Wall unit/in compartment
18	Clinical staff are encouraged to use hand moisturisers that are pump operated or their own for personal use				
19	Soft absorbent paper towels are available at all hand wash sinks	√			
20	Re-usable cotton towels are NOT used	√			
21	There are no re-usable nailbrushes used or present at hand wash sinks	√			
22	There is a fully operational foot operated bin for waste towels in close proximity to hand wash sinks	√			

### Score for Section 1

Score	X / 22	Percentage score	Rating
Section 1	22 / 22	100%	Outstanding

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor

## 2. Environment

**Standard:**

The environment will be maintained appropriately to reduce risk of cross infection

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	There is a cleaning schedule in place detailing <b>daily</b> , weekly, <b>monthly</b> , quarterly, annual cleaning regimes. Structures are in place to ensure compliance and auditing of cleanliness	√			Need to review frequency & layout of record sheet please.
2	Overall appearance of the environment is tidy and uncluttered with only appropriate, clean and well maintained furniture used	√			
3	The environment smells clean, fresh and pleasant	√			
4	The allocation of rooms for clinical practice is fit for purpose			√	Not relevant for this location
5	Rooms where clinical procedures take place are not carpeted	√			Residents bedrooms are carpeted.
6	Floor coverings in clinical areas are washable and impervious to moisture and are sealed regularly			√	Not relevant for this location
7	The complete floor, including edges and corners are visibly clean with no visible body substances, dust, dirt or debris	√			
8	Furniture, fixtures and fittings should be visibly clean with no body substances, dust, dirt or debris	√			
9	All dispensers, holders and all parts of the surfaces of dispensers of soap or alcohol gels, paper towel/toilet paper holders are visibly clean with no body substances, dust, dirt or debris or adhesive tape	√			
10	Toilets are visibly clean with no body substances, dust, lime scale stains, deposits or smears – including underneath the toilet seat	√			
11	Hand wash basins are visibly clean with no body substances, dust, lime scale stains or deposits or smears	√			
12	Hand wash basins are dedicated for that use only and are free from used equipment and inappropriate items	√			
13	Facilities are available for the safe disposal of sanitary towels	√			
14	Sanitary bins are replaced regularly with clean to prevent from overfilling	√			
15	Waste receptacles are clean, including lid and pedal	√			Please increase quantity of pedal bins overall
16	Foot pedals of clinical waste bins are in good working order	√			
17	There is a clearing schedule procedure in place for regular decontamination of curtains and blinds	√			

18	Furniture used by service users e.g. chairs and sofas, are made of impermeable and washable materials	√			Except where those are the personal items of Residents
19	Chairs are free from rips and tears	√			
20	Pillows in treatment rooms are enclosed in a washable and impervious cover			√	Not appropriate for this location
21	Arrangements are in place taking damaged furniture out of service for repair and maintenance	√			
22	Tables are tidy and uncluttered to ease cleaning	√			
23	Equipment is cleaned, maintained and stored appropriately		√		Action planned to improve this process
24	Water coolers are mains supplied, visibly clean and on a planned maintenance programme			√	No water cooler on site
25	Hoists and bath hoists to be cleaned before each user especially under the seat.	√			
26	Wheelchair cleaning is on a planned/designated schedule	√			

### Score for Section 2

Score	X / 26	Percentage score	Rating
Section 2	25 / 26	96.15%	Excellent

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor

### 3. Disposal of waste

**Standard:**

Waste is disposed of safely without the risk of contamination or injury and in accordance with legislation.

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	The home has comprehensive procedures /policy for disposal of waste	√			BETTLE P&P
2	Structures are in place to ensure compliance and monitoring of waste procedures	√			
3	If generating clinical waste the home is registered to do so	√			
	Clinical waste is disposed of and transported in appropriate sharps containers OR clinical waste bags & comply with British Standards. *18 01 01 wastes from natal care, diagnosis, treatment or prevention of disease in humans *18 01 01 sharps *18 01 04 wastes whose collection and disposal is not subject to special requirements in order to prevent infection (e.g. dressings, plaster cast, linen, disposable clothing, incontinence products) *18 01 06 chemicals consisting of or containing dangerous substances <i>* European Waste Catalogue codes</i>	√			Need to address issues re removal of clinical waste generated by District Nurse team. Please add additional clinical wastebin on upper floors.
4	All other waste is classified as domestic waste and is disposed of in domestic waste bags	√			
5	Staff have attended a training session which includes the correct and safe disposal of clinical waste	√			
6	There is evidence that staff are segregating waste correctly				
7	Staff understand the waste signage (posters) identifying waste segregation and these are available in all areas	√			Checked by Grounds Maintenance Team
8	Clinical waste sacks are labelled and secured before disposal	√			
9	There is no storage of waste in corridors or in other inappropriate areas inside/ outside the facility whilst waste is awaiting collection	√			
10	Hazardous and offensive waste is segregated from other waste for transportation	√			
11	All plastic waste sacks are fully enclosed within bins to minimise the risk of injury	√			
12	All waste bins used are foot operated, lidded and in good working order	√			
13	All clinical and domestic waste bins are visibly clean – externally and internally	√			New schedule in place now
14	Glass and aerosol boxes are not used for prescription only medicine bottles			√	Not relevant to this location
15	Waste bags are removed from clinical areas daily	√			
16	There is no emptying of clinical waste from one bag to another	√			

17	There are no overfilled bags. Bags are no more than 2/3 full	√			
18	Gloves and aprons are worn when transferring bags to bins. These gloves and aprons are disposed of in a sealed bag i.e. NOT disposed of loose in bins.	√			
19	All large collecting clinical waste containers are clean and the waste storage area is clean and tidy	√			Cleaning schedule in place
20	Where there is a dedicated area for the safe storage of clinical waste (outside compound), it is under cover from the elements and free from pests and vermin and the area is locked and inaccessible to animals and the public	√			
21	There is no storage of inappropriate items in the waste compound	√			
22	The waste compound is kept clean and tidy	√			

### Score for Section 3

Score	X / 23	Percentage score	Rating
Section 3	22 / 22	100%	Outstanding

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor

## 4. Spillage and/or contamination with body fluids

### Standard:

Body fluid spillage or contamination is dealt with in a way that reduces the risk of cross contamination.

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	The home has comprehensive procedures/policy for dealing with body fluid spillages	√			BRETTEL P+P
2	Structures are in place to ensure, compliance and monitoring of the policy	√			Recent Experience
3	Staff have received training in dealing with body fluid spillages.	√			
4	Staff who come into contact with specimens, body fluids or spillages have been advised to be immunised against Hepatitis B	√			
5	Dedicated spillage kits are available for decontaminating and cleaning bodily fluids	√			
6	Personal protective equipment is available	√			
7	Equipment used to clear up body fluid spillages is disposable.	√			
8	Appropriate disinfectants are available for cleaning all body fluid spillages (see 8)	√			
9	Sodium hydrochloride solution in the strength 1:10,000ppm (1%) OR NaDCC (sodium Dichloroisocyanurate) is available	√			Milton in use
10	Medical equipment that has been contaminated with body fluids is cleaned appropriately and a Permit to Work document completed (e.g. decontamination certificate/ label)	√			
11	Furniture that has been contaminated with body substances and cannot be cleaned is condemned	√			

### Score for Section 4

Score	X / 11	Percentage score	Rating
Section 4	11 / 11	100%	Outstanding

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor



## 5. Personal Protective Equipment

**Standard:**

Personal protective equipment is available and is used appropriately to reduce the risk of cross infection

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	The home has comprehensive procedures/policy for the appropriate use of personal protective equipment	√			
2	Structures are in place to ensure compliance and monitoring of the policy	√			
3	Staff are trained in the use of personal protective equipment at induction	√			Being repeated in next month
<b>GLOVES</b>					
4	Sterile and non-sterile gloves (powder free) conforming to European Community (EC) standards are fit for purpose (no splitting etc.) and are available in all clinical areas	√			
5	Alternatives to natural rubber latex (NRL) gloves are available for use by practitioners and service users with NRL sensitivity	√			
6	Powdered or polythene gloves are not in use in clinical areas	√			
7	There is an appropriate range of sizes available	√			
8	Gloves are worn as single use items for each clinical procedure or episode of care	√			
9	Hands are decontaminated following the removal of gloves	√			
10	Gloves are stored appropriately in their original dispensers and away from potential contaminants	√			
<b>APRONS</b>					
11	Disposable plastic aprons are worn when there is a risk that clothing, or uniform may become exposed to body fluids or become wet	√			
12	Disposable plastic aprons are worn as single use items for each clinical procedure or episode of care	√			
13	Aprons are stored appropriately	√			
<b>FACE &amp; EYE PROTECTION</b>					
14	Clean and disposable facemasks and eye protection are worn where there is a risk of any body fluids splashing into the face and eyes	√			
15	Eye protection is cleaned between use	√			

### Score for Section 5

Score	X / 15	Percentage score	Rating
Section 5	15 / 15	100%	Outstanding

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor

## 6. Management of spills, splashes, sharps injuries & bites

### Standard:

Sharps/ needle sticks injuries, bites, splashes involving blood or other body fluids are managed in a way that reduces the risk of injury or infection.

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	The home has comprehensive procedures/ policy for the management of sharps/ needle stick injuries or splashes and bites in a way that reduces injury or infection	√			
2	Structures are in place to ensure compliance and monitoring of the policy	√			
3	There are arrangements in place that advise staff are immunised against Hepatitis B			√	Not appropriate for this location
4	There are arrangements in place that ensure staff are dealt with appropriately in the event of a needle stick or bite/ splash	√			No sharps use at this location. Sharps use managed by District Nurses & under their P+P
5	All staff receive training in sharps/ splash/ bite management and are aware of the actions to take following an injury	√			
6	All needle stick/ sharps/ bite / splash injuring are recorded/reported/audited	√			
7	Appropriate devices are used for exposure prone procedures			√	Not appropriate for this location
8	There is signage (e.g. a poster) displayed for the management of needle stick/ sharps injuries and/ bites and splashes			√	Not appropriate for this location
9	Sharps containers comply with BS 7320 (1990)/ UN 3291			√	Not appropriate for this location
10	All sharps containers in use are labelled with date, locality and signed			√	Not appropriate for this location
11	Sharps containers are available at the point of use			√	Not appropriate for this location
12	When full and ready for disposal all sharps containers are dated and signed			√	Not appropriate for this location
13	Sharps containers are stored safely away from the public and out of reach of children			√	Not appropriate for this location
14	Sharps containers are not filled beyond the indicator mark i.e. 2/3 full			√	Not appropriate for this location
15	There are no inappropriate items e.g. packaging or swabs in the sharps containers			√	Not appropriate for this location
16	Needles and syringes are discarded as a single unit			√	Not appropriate for this location
17	Syringes with a residue of Prescription Only Medication are disposed of according to current legislation			√	Not appropriate for this location
18	The temporary closure mechanism is used when the sharps bin is not in use			√	Not appropriate for this location
19	Full sharps containers are sealed only with the integral lock, tape or stickers are not used			√	Not appropriate for this location
20	Sharps containers are not placed in waste bags prior to disposal			√	Not appropriate for this location
21	Sealed and locked sharps bins are stored in a locked facility away from public access			√	Not appropriate for this location

22	Sharps containers are visibly clean with no body substances, dust, dirt or debris			√	Not appropriate for this location
23	Re-sheathing of needles does not occur			√	Not appropriate for this location

**Score for Section 6**

Score	X / 23	Percentage score	Rating
<b>Section 6</b>	<b>23 / 23</b>	<b>100%</b>	<b>Outstanding</b>

Rating	Colour key
100%	<b>Outstanding</b>
90% - 99%	<b>Excellent</b>
80% - 89%	<b>Good</b>
70% - 79%	<b>Average</b>
Less than 70%	<b>Poor</b>

## 7. COVID Specific Infection Control

**Standard:** Specimens are handled in a way that negates the risk of cross-infection to staff.

		Yes	No	N/A	Actions
1	The COVID management policy is up to date and available on the shared drive.	√			
2	Staff are aware of the policy when tested.	√			Issued at recent Staff meeting
3	The COVID daily checklist F2064 is in place and is being completed daily.	√			
4	Any non-compliance found through the daily checklist has been identified and an action plan created.	√			
5	All actions listed on the action plan have been signed off.	√			
6	Correct use of PPE posters are displayed prominently.	√			
7	Every resident in isolation or shielding has a storage tower outside their room and an isolation sign on their door.	√			No isolation at this time
8	Each storage tower is adequately stocked with PPE equipment	√			
9	All handwashing sinks have an adequate stock of hand soap and paper towels.	√			Manager to speak to Beaucare supplies urgently to secure more appropriate dispensers
10	Each entrance storage tower is adequately stocked with PPE	√			
11	Staff are aware how to access PPE supplies.	√			
12	Staff can explain the correct procedure for donning and doffing PPE	√			
13	Staff observed to be following correct PPE protocol.	√			
14	There is an adequate supply of waste bins.	√			
15	There is an adequate supply of hand sanitising gel.	√			
16	The storage of full clinical bags is being managed effectively	√			

### Score for Section 7

Score	X / 16	Percentage score	Rating
Section 7	15 / 16	93.75%	Excellent

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor

## 8. Clinical Fridge

**Standard:**

Medicines that are required to be refrigerated are stored safely

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	The home has comprehensive procedures/policy for the storage of medication	√			
2	Structures are in place to ensure compliance and monitoring of the policy	√			
3	Medications are stored immediately on delivery in a dedicated refrigerator ie. Has no freezer compartment	√			
4	The Clinical refrigerator is fit for purpose and is not a domestic refrigerator		√		Domestic fridge needs to be clinical
5	The refrigerator has an uninterrupted electrical supply	√			
6	The clinical refrigerator has a thermometer that shows min/max temperatures	√			
7	Min/max temperature checks are performed and recorded on working days Clinical Fridge defrosting is on a recorded schedule.		√		Manager to check staff understanding of this process and improve performance overall
8	Recorded temperatures are within the acceptable range of 2-8C		√		Temperature is ok but recording is not – see above
9	The clinical fridge is lockable	√			
10	The refrigerator is used for medicine storage only (COSHH)	√			
11	Storage of medicines in the refrigerator is adequate i.e. up to 50% full	√			
12	Alternative and appropriate storage is available in the event of a breakdown or repair of the clinical refrigerator	√			
13	A system is in place for safe disposal of expired/ surplus/ damaged medicines	√			
14	All medicines are in date	√			
15	The top surface of the medicine's refrigerator is not used for storage	√			
16	There is a named responsible person that has overall responsibility for correct use, storage of medicines	√			
17	Staff have attended training in the management and storage of "medication". Nursing homes do not store vaccines	√			

**Score for Section 8**

Score	X / 17	Percentage score	Rating
Section 8	14 / 17	82.35%	Good

Rating	Colour key
100%	Outstanding
90% - 99%	Excellent
80% - 89%	Good
70% - 79%	Average
Less than 70%	Poor



## 9. Laundry

**The Standard:** Laundry is handled, transported, cleaned, dried & stored in such a way as to minimise the risk of cross infection/contamination.

*Indicate status by ticking the appropriate box*

		Yes	No	N/A	Actions
1	The Home has a comprehensive policy regarding laundry and the laundering environment	√			
2	Structures are in place to ensure compliance with the policy through induction, training, monitoring and supervision.	√			Tested in recent outbreak & reminded at staff meeting recently
3	The importance and practicalities of correct and appropriate laundry procedures, as stated in the standard, are integral components of the staff induction process. There is written evidence to support this.	√			
4	Staff are aware of how to access the COSHH information in relation to chemicals used in the laundry process	√			
5	Adequate/sufficient numbers of wheeled laundry "skips" are available in relation to number of residents and building layout.	√			
6	Skips are wheeled to rooms and bathing areas, as opposed to laundry being carried to central skips.	√			
7	Laundry bags are made from an impermeable material and have the facility to be closed/secured; eg.securable drawstring.	√			
8	Laundry bags are laundered.	√			
9	Red "soluble" bags are used for laundry that is or, is suspected of being, soiled or contaminated	√			
10	Soiled items are secured in red bags using the "tie" provided, and are placed separately in the washing machine, unopened. Red bags are washed on a "Sluice Cycle".	√			
11	Protective gloves and aprons are worn by ALL staff when putting items in or taking items out of laundry bags. Gloves and aprons are then disposed of appropriately.	√			
12	Laundry bags are transported to laundry room promptly, and are not left in corridors/rooms with dirty laundry therein.	√			
13	Laundry awaiting treatment in laundry room is dealt with promptly, and not	√			

	allowed to "pile up"				
14	Laundry room is kept clean and tidy, with written evidence of cleaning schedule. It has appropriate signage indicating purpose of room, and also "Authorised Personnel Only" instructions.	√			Needs redecoration of walls & ceiling
15	Laundry room has adequate supply of disposable gloves and aprons for use of staff in laundering process & masks.	√			
16	Laundry room has adequate ventilation in relation to type of washing machines and driers in use.	√			
17	There is written evidence of staff instruction in the use of laundry equipment.				
18	Washing machines and driers are appropriate in relation to registration of home with adequate capacity & variety of function	√			
19	Washing machines and driers are serviced regularly, with written evidence of service history.		√		Need service contract setting in place please
20	Procedures are in place in relation to mechanical breakdown to ensure timely repair.	√			In place but need alternative if no response.
21	a: Washing machines have a "self dosing" system which allows for appropriate concentrations of detergent to be used. OR b/ There is adequate, user friendly instructive signage indicating proper concentrations.	√			Eco friendly chemicals due to waste management set up locally.
22	Drier filters are cleared on a regular basis.	√			Is done but needs recording/evidence of this.
23	Inside of washing machine & drier drum is visually checked before and after each usage, and cleared accordingly.	√			
24	There are separate appropriately labelled laundry receptacles for cleaned and dried laundry to be placed in e.g. Room no.	√			
25	Treated laundry itself is not allowed to pile up, but returned to residents' rooms in a timely fashion.	√			
26	There are appropriate hand washing facilities with paper hand towels in the laundry room.	√			
27	All staff uniforms need to be washed separately from resident's laundry.	√			
28	Staff uniforms are not worn outside the home.	√			

29	Laundry room is has flooring that is impervious to moisture, intact and easily washable	√			
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**Score for Section 9**

Score	X / 29	Percentage score	Rating
<b>Section 9</b>	<b>28/ 29</b>	<b>96.55%</b>	<b>Excellent</b>

Rating	Colour key
100%	<b>Outstanding</b>
90% - 99%	<b>Excellent</b>
80% - 89%	<b>Good</b>
70% - 79%	<b>Average</b>
Less than 70%	<b>Poor</b>

END.