



# Infection Prevention & Control Audit

Care Home name and town

Manager E-mail:

Generic E-mail:

Date

Name of auditor completing visit



## **Overview:**

An infection, prevention, and control (IPC) audit was carried out on dd/mm/yy as....

Please delete as appropriate our records indicated that a visit was due/we received a referral for support from name/agency.

**For assurance visits:** An assurance visit took place on dd/mm/yy following an infection, prevention, and control (IPC) audit on 00/00/00. During the audit, IPC advisories were noted, and an action plan was devised. This assurance visit checks the progress of actions.

I was accompanied on the visit by name/job title

The setting was last visited by CQC on dd/mm/yy, and no/some IPC concerns were noted. The setting was last rated by CQC on dd/mm/yy, and the setting's current rating is inadequate/requires improvement/good

The setting has a food hygiene rating of 1/2/3/4/5 which was awarded on dd/mm/yy

The setting provides accommodation for persons who require residential care.

The setting is registered for xx beds and at the time of the visit, xx service users were residing at the setting.

The accommodation is over xx units/ xx floors and there are xx single occupancy bedrooms (and xx double occupancy bedrooms), xx of which are ensuite.

The setting employs the following staff to maintain the environment:

- Laundry staff – working hours 00:00 – 00:00 over x days/week
- Maintenance worker – working hours 00:00 – 00:00 over x days/week
- Housekeepers - working hours 00:00 – 00:00 over x days/week

## **General Comments**

- The setting was.... (describe whether it was clean or uncluttered etc)
- The setting has been rated as 'green/amber/red' using our RAG rating criteria
- Some good IPC practices to reduce risk of infection in the setting were noted:
  - ...
  - ...
  - ...
- The setting could further improve IPC standards by:
  - ...
  - ...



## **Actions for the home:**

The areas of non-compliance identified from the visit are set out in the comment boxes in the audit below. These issues are aligned to The Infection Prevention Society Standards <https://www.ips.uk.net/>

Please complete this report with actions you will undertake to address the issues identified. Please also include a lead person and completion/review date. The care setting will be rated as either Red, Amber or Green depending on how many areas of non-compliance are identified.

Please note that we may raise concerns internally with Local Authority Contracts/Safeguarding Teams or externally with CQC.

This audit is based on the [code of practice, section 21 of the Health and Social Care Act, 2008](#). The code of practice, sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to IPC (including cleanliness), as set out in the regulations:

### **Code of Practice**

This audit may relate to the following criterion.

#### **Criterion 1**

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

#### **Criterion 2**

The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

#### **Criterion 3**

Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.

#### **Criterion 4**

The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion.

#### **Criterion 5**

That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

#### **Criterion 6**

Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

#### **Criterion 7**



The provision or ability to secure adequate isolation facilities.

**Criterion 8**

The ability to secure adequate access to laboratory support as appropriate.

**Criterion 9**

That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

**Criterion 10**

That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention, and control.

Please return the completed report to our team mailbox:

[infectionprevention@lancashire.gov.uk](mailto:infectionprevention@lancashire.gov.uk) by dd/mm/yy

**IPC Information:**

Please note the LCC IPC website address with useful links to a number of resources and also dates for IPCCC forums: <http://www.lancashire.gov.uk/practitioners/health/infection-prevention-and-control.aspx>

**IPC Care Champion:**

Please see our internet page for more information on the role/responsibilities of an IPC champion and for useful resources: [IPC care champions - Lancashire County Council](#)

The link to the online IPC champion nomination form can also be found under this section of the website – please ensure that it is completed and agreed by the manager.



### **Red, Amber, Green Audit Criteria:**

Place number of areas of non-compliance in each category and add up totals at the bottom.

If a setting scores Red, please alert Contract Management via email and send a copy of the IPC Audit.

<b><u>Domain</u></b>	<b><u>Red</u> <u>9 or more</u></b>	<b><u>Amber</u> <u>5-8</u></b>	<b><u>Green</u> <u>1-4</u></b>
Management/staff and service user health/ Policies and training			
Reception/Lounge/Dining Room			
Bedrooms and ensuites			
Bath/Shower Rooms			
Toilets			
Clean Utility/Treatment Room			
Dirty Utility/Sluice			
Domestic Room			
Linen Management and Laundry			
Additional Information			
TOTAL AREAS			
RAG rating overall (delete as appropriate)			



General Management				
Criterion checked? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please comment further <input type="text"/>				
Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Is there a named lead person/infection prevention & control care champion (IPCCC) responsible for infection prevention and control (IPC)?	<b>IPC champion name:</b>  <b>Email:</b>			
Does the job description of the named lead person outline responsibilities in respect of IPC?	Please see the LCC IPC champion role/responsibilities, handbook, and nomination link.  <a href="#">IPC care champions - Lancashire County Council</a>			
Staff are aware of the definition of an outbreak and how to contact the infection control team	<b>Lancashire County Council Infection Prevention and Control team, Health Protection Service</b>  IPC Team Lancashire County Council Pitt Street Reception County Hall Preston PR1 8XB  Email <a href="mailto:infectionprevention@lancashire.gov.uk">infectionprevention@lancashire.gov.uk</a> Monday – Friday 09:00 -17:00			



Are staff aware of how to contact UKHSA? (outbreak management support and lab support/testing)	<b>Cumbria and Lancashire Health Protection Team (UKHSA)</b>  UKHSA North West Lancashire County Council Pitt Street Reception County Hall Preston PR1 8XB  Telephone 0344 225 0562  Out of hours 0151 434 4819  Email <a href="mailto:clhpt@ukhsa.gov.uk">clhpt@ukhsa.gov.uk</a>			
If the setting is carpeted, do they have suitable equipment to clean carpets? Is it documented on a cleaning schedule?				
Does the setting have separate storage of domestic cleaning equipment?				
Does the establishment have a colour coding system for cleaning equipment?				
Can the person in charge (on any shift) state how they would manage an outbreak?				



Is there evidence that the facility has had a Legionella risk assessment carried out by a competently trained person in the last 2 years?				
As per Legionella prevention HSE guidance, shower heads are removed, de-scaled and disinfected at least every 3 months as per cleaning schedule				
To reduce the risk of Legionella growth there is documented evidence that any taps for baths, showers and sinks that are not in use (e.g. empty rooms) have a planned provision for weekly running of water?				

#### Guidelines, Policies & Audits

Criterion checked? ☐ Yes ☐ No If no, please comment further

Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Does the setting have an IPC policy in place that includes the chain of infection and hand hygiene?				
Is there clearly documented evidence of monthly mattress and pressure relieving cushion audits?				
Is there an up-to-date catheter				





policy/guidance available to all staff?  Does the setting use catheter passports?				
Are commodes audited weekly and checks documented?				
Does the home have an oral health policy/guidance available to all staff and have a named oral health champion?	Please see the links below, the oral health assessment tool:  Oral health assessment should also be completed on admission and then further reviewed:  <a href="https://www.nice.org.uk">1 (nice.org.uk)</a> and <a href="#">Oral health assessment tool.pdf (nice.org.uk)</a>			
Is an oral health assessment completed on admission and an oral health care plan in place?				
All care staff are 'Bare Below the Elbows' - no wrist watches or wrist jewellery, no stoned rings, no long-sleeved garments (uniform policy?)				
The nails of care workers are short, clean, and free from false/acrylic nails and nail varnish.				
Staff understand the steps to hand washing (wet; soap; wash; rinse; dry). Observe staff performing hand washing technique (x 2)				



Staff Health				
Criterion checked? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please comment further <input type="text"/>				
Question	Observation/s of non-compliance	Action/s completed by setting	Lead	Date of completion / review
Is there a clear, agreed process in place for staff to inform management of their own infectious status? (e.g. skin rash; D & V; respiratory illness)?				
Are all staff encouraged to have their annual flu vaccination?				
Does the setting have a system in place to manage the occupational health needs and obligations of and to staff in relation to infection (e.g. Hep B vaccination)?				
(If sharps are used at the setting). Are staff aware of the procedure for managing a sharps injury/needlestick?				
Staff Training				
Criterion checked? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please comment further <input type="text"/>				
Question	Observation/s of non-compliance	Action/s completed by setting	Lead	Date of completion



				/ review
Documented evidence of Infection Control Training in the last 12 months and on induction?				
Does the setting have an antibiotic guardian <u>Antibiotic Guardian – Pledge to be an Antibiotic Guardian</u>				
If staff conduct observations, have staff had RESTORE2 and sepsis training?				
Can staff outline symptoms of urinary tract infections and actions to take and understand when and when not to use dipstick analysis ('to dip or not to dip')				
Is level 2 food hygiene training provided for all staff that handles or serves food?				
Is waste training provided to staff members?				
Do staff complete oral health training/e-learning?	<p>Please see the link.</p> <p>Oral health/hygiene training:  <a href="https://www.gmthub.co.uk/dentistry/mouth-care-matters-in-the-community">https://www.gmthub.co.uk/dentistry/mouth-care-matters-in-the-community</a></p> <p><b>Free oral health staff training:</b> <a href="#">Public library - UKHSA national</a></p>			



	- <a href="http://Knowledge Hub (khub.net)">Knowledge Hub (khub.net)</a> and <a href="http://Mouth Care Matters In the Community   Greater Manchester Training Hub (gmthub.co.uk)">Mouth Care Matters In the Community   Greater Manchester Training Hub (gmthub.co.uk)</a>			
Do staff working in the laundry receive training on handling linen and laundry processes?				
<b>Service user health</b>				
<b>Criterion checked?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If no, please comment further</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
<b>Question</b>	<b>Observation/s of non-compliance</b>	<b>Action/s completed by setting</b>	<b>Lead</b>	<b>Date of completion / review</b>
Infection status is checked and clearly documented for new admissions; and on return to the facility from alternative health/social care settings				
Infection status is clearly documented on transferring a resident to another health or social care setting				
Nutrition and hydration status checked. Use of tools such as Waterlow and MUST.				
Are residents with catheters reviewed at least monthly by a clinician?				
Does each resident have a named dentist and have they seen their				



dentist in the last 12 months?				
Aware of the online self-referral Special Care Dentistry Service?	<p>Some of the service users at this setting may be eligible for dental treatment through the special care dentistry service. Please see below for more information:</p> <p><a href="#">Click here to view special care referral form</a></p> <p>For more information please visit: <a href="#">Dental Services :: Lancashire and South Cumbria NHS Foundation Trust (lscft.nhs.uk)</a></p> <p>If they have a dental emergency, do not have access to a regular dentist and meet the criteria, please call <a href="#">0300 1234 010</a>.</p>			
Evidence that toothbrushes are replaced every 3-months?				
Evidence that service users have been offered vaccination as per seasonal or national programme (e.g. influenza, COVID-19, pneumococcal, shingles) and vaccination clearly documented?				
<b>Personal protective equipment (PPE)</b>				
<b>Criterion checked?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If no, please comment further</b> <input type="text"/>				
<b>Question</b>	<b>Observation/s of non-compliance</b>	<b>Action/s completed by setting</b>	<b>Lead</b>	<b>Date of completion / review</b>
Are disposable aprons and gloves readily available when required (i.e. resident's rooms; communal				



bathrooms; toilets)				
Are non-sterile gloves available in different sizes				
Do staff have access to eye protection where risk of splash or contamination				
Documented evidence of training and assessment for staff in correct order for putting on and removing (donning and doffing) PPE	A useful link attached, <a href="https://www.gov.uk/guidance/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures">COVID-19: personal protective equipment use for non-aerosol generating procedures - GOV.UK (www.gov.uk)</a>			

**Reception and corridors**

Room audited? Yes ☐ No ☐ If no, please comment further

Question	Observation/s of non-compliance	Action/s completed by setting	Lead	Date of completion / review
Reception and corridors are free from unpleasant smells/malodours				
Radiator covers are removed at least 6 monthly and/or following outbreak to facilitate deep cleaning and included on a documented schedule?				
Are carpets and/or flooring clean and free from stains?				
Are the following areas clean and dust free: -Skirting boards -High level fixture and fittings -Hand/dado rails				



-Light Switches -Lighting/shades/ceiling fans/vents				
Are ceilings clean and in a good state of repair?				
Are walls, wallpaper, and tiled areas clean and in a good state of repair?				
Are windows and windowsills in good state of repair and able to be opened to facilitate ventilation?				
<b>Lounge and conservatory</b>				
<b>Room audited?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>If no, please comment further</b> <input type="text"/>				
<b>Question</b>	<b>Observation/s of non-compliance</b>	<b>Action/s completed by setting</b>	<b>Lead</b>	<b>Date of completion / review</b>
Lounge and conservatory areas are free from unpleasant smells/malodours				
Are the following areas clean and dust free: -Skirting boards -High level fixture and fittings -Hand/dado rails -Light Switches -Lighting/shades/ceiling fans/vents				
Are all items of furniture in these areas wipeable, in good state of repair, clean (unzip chair cushions), and included in				



an agreed cleaning schedule?				
Are carpets and/or flooring clean and free from stains?				
There is a robust, documented steam cleaning programme in place for carpets/upholstered fabric items (including curtains)?				
Are ceilings clean and in a good state of repair?				
Are walls, wallpaper, and tiled areas clean and in a good state of repair?				
Are windows and windowsills in good state of repair and able to be opened to facilitate ventilation				
Radiator covers are removed at least 6 monthly and/or following outbreak to facilitate deep cleaning and included on a documented schedule?				
<b>Dining and drink preparation areas</b>				
Room audited?    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please comment further <input type="text"/>				
<b>Question</b>	<b>Observations</b>	<b>Actions (to be completed by the home)</b>	<b>Lead</b>	<b>Date of completion / review</b>
Dining areas are free from unpleasant				





smells/malodours				
Are the following areas clean and dust free: -Skirting boards -High level fixture and fittings -Hand/dado rails -Light Switches -Lighting/shades/ceiling fans/vents				
Are dining tables and chairs clean, in good state of repair (check undersides), and included in an agreed cleaning schedule?				
Are carpets and/or flooring clean and free from stains?				
There is a robust, documented steam cleaning programme in place for carpets/upholstered fabric items (including curtains)?				
Are ceilings clean and in a good state of repair?				
Are walls, wallpaper, and tiled areas clean and in a good state of repair?				
Are windows and windowsills in good state of repair and able to be opened to facilitate ventilation				
Radiator covers are removed at least 6 monthly and/or following outbreak to facilitate deep cleaning and included on a documented schedule?				



Are facilities for drinks provision (e.g. hydration stations; beverage rooms) clean and maintained as per an agreed daily schedule with defined roles and responsibilities?				
<b>Bedrooms</b>				
Room audited?    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please comment further <input type="text"/>				
<b>Question</b>	<b>Observations</b>	<b>Actions (to be completed by the home)</b>	<b>Lead</b>	<b>Date of completion / review</b>
Are resident's rooms free from unpleasant smells/malodours?				
Are bedrooms clean and dust free? High - low areas				
Are residents encouraged to keep bedrooms clutter-free and easy to clean (tops of wardrobes; toys; ornaments)				
Are floors/carpets clean and free from stains and odour?				
Are ceilings clean and in a good state of repair?				
Are walls, wallpaper, and tiled areas clean and in a good state of repair?				



There is a robust, documented steam cleaning programme in place for carpets/upholstered fabric items?				
Mattress covers are clean, intact, and free from odour?				
Pressure relieving cushions are clean and intact (unzip and inspect)?				
Does the condition of mattresses and pressure relieving cushions correspond with latest audit findings?				
Are there hand washing facilities in the room (wall mounted liquid soap, paper towels, foot operated bin)? Sinks taps/plug holes are clean?				
<b>Bedroom ensuites</b>				
<b>Room audited?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>If no, please comment further</b> <input type="text"/>				
<b>Question</b>	<b>Observations</b>	<b>Actions (to be completed by the home)</b>	<b>Lead</b>	<b>Date of completion / review</b>
Are ensuite wall tiles, walls, ceilings, wall fixtures - including soap and towel dispensers - intact and free from mould and serratia (bacteria)?				
Are ensuite floors clean, intact, and free from mould and serratia (bacteria)?				
Are continence products stored off the				



floor, in closed cupboard or covered shelf?				
Are toilets/commodes/toilet seat raisers/bedpans clean, ready for use and in a good state of repair?				
To reduce the risk of Legionella growth there is documented evidence that baths, showers, and sinks that are not in use (e.g. empty rooms) have a planned provision for weekly running of water?				
If hand washing facilities are also used by staff, are wall-mounted liquid soap and paper towel dispensers and pedal operated general household waste bin available for their use?				
Are light pull cords and red emergency pull cords and toggles visibly clean?				
There is sufficient odour control/ventilation - vents clean and in working order?				
<b>Communal bath and shower rooms</b>				
<b>Room audited?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please comment further <input type="text"/>				
<b>Question</b>	<b>Observations</b>	<b>Actions (to be completed by the home)</b>	<b>Lead</b>	<b>Date of completion / review</b>
Are wall tiles, walls, ceilings, wall fixtures - including soap and towel				



dispensers - and floors clean, intact, and free from mould/serratia (bacteria)?				
Shower curtains are subject to a weekly documented cleaning programme, are clean and free from mould/serratia?				
There is no evidence of inappropriate storage of communal items e.g. creams, shampoos, soap etc.?				
Are bath/shower mats clean and hung to dry?				
Baths and sinks are clean and intact - including taps, plugs, and plug holes?				
Is there evidence that communal bath/showers are cleaned between use (i.e. standard process described by staff, and cleaning products to hand)?				
Lifting aids are waterproof, clean and appropriately maintained? (shower & bath seats)				
Foot operated bins and appropriate bags are available for clinical/offensive waste?				
Are light pull cords and red emergency pull cords and toggles visibly clean?				
There is sufficient odour control/ventilation - vents clean and in				



working order?				
<b>Toilet</b>				
Room audited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please comment further <input type="text"/>	
<b>Question</b>	<b>Observations</b>	<b>Actions (to be completed by the home)</b>	<b>Lead</b>	<b>Date of completion / review</b>
Hand washing facilities in communal and staff toilets have wall-mounted liquid soap and paper towel dispensers, pedal operated general household waste bin (no bars of soap, fabric towels or nail brushes)				
Flooring is sealed and smooth (including edges and corners) and is free of stains, dust and grit.				
On inspection toilet raisers are in good condition, clean and free from stains.				
There are pedal operated offensive/clinical waste bins for disposal of used continence products, or a defined process (e.g. items placed in small sanitary bags taken to sluice) for disposal into correct waste stream?				
All toilets are visibly clean with no body fluid contamination, limescale stains, or other visible staining. This includes toilet brushes ('hovering' type)				



Are light pull cords and red emergency pull cords and toggles visibly clean?				
Are raised toilet seats visibly clean , appropriately maintained and stored of the floor?				
There is sufficient odour control/ventilation - vents clean and in working order?				
<b>Treatment/medicines room</b>				
Room audited?    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please comment further <input type="text"/>				
Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
There is an identified area for the storage of clean and sterile equipment?				
All high and low surfaces are free from dust and cobwebs?				
Worktops and cupboards are free from clutter and clean inside and out i.e. free from dust and spillages?				
There is coved vinyl flooring that is clean and free from dust and grit?				
Are sterile items expiry dates checked and stock rotated? (check 2 items)				
Hand hygiene facilities are available in the clinical/treatment room - including				



hand wash basin, wall-mounted liquid soap, paper towels, pedal operated general household waste bin and laminated hand hygiene poster?				
Staff can recognise the single use symbol?				
Are medications trolleys clean and in a good state of repair? Responsibility for cleaning meds trolleys clear and added to cleaning schedule				
Min/max thermometer is in use and set correctly (2°C / 8°C)				
Are medications in fridge and in date? (check two random items)				
Fridge is used for medications only (i.e. no food, samples, or specimens)				

**Dirty Utility/Sluice**
Room audited? Yes ☐ No ☐ If no, please comment further

Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Is there a dedicated sluice/dirty utility room available? (for disposal and management of faeces, urine, vomit, blood, and other bodily fluids)				
Is the floor clean, free from spillages, dust, and grit (including corners)?				





Flooring is impervious, sealed including coved edges and in a good state of repair?				
Is there a designated sink available for decontamination of patient equipment?				
Are there separate hand washing facilities available including wall-mounted liquid soap and paper towels?				
Is the room free from clutter and inappropriate items?				
Bed pans, commode buckets, and urinals are stored inverted on racks above floor level?				
Commode frames are in a good state of repair and are subject to a weekly thorough clean and inspection programme (documented)?				

**Domestics Room**
Room audited? Yes ☐ No ☐ If no, please comment further

Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Is there a dedicated room for storage of cleaning equipment?				



Flooring is impervious, sealed edges and in a good state of repair?				
Is there a colour coding system in place for cleaning equipment?				
Domestic staff have access to a deep sink with taps away from laundry and food areas for cleaning mops, buckets, and other items (e.g. in domestic room, or outside drain with tap)				
Items of clean equipment and cleaning products are stored away from risk of splash or contamination				
Are mops hung appropriately, inverted off floor level to prevent pooling/bacterial growth?				
Mop heads are laundered/changed at least daily?				
Colour coded buckets are inverted to store, or dried thoroughly prior to storage to prevent pooling/bacterial growth?				
Is the environment visibly clean, tidy, and free from visible damage?				
Is the floor visibly clean and in a good state of repair?				
Is there hand washing facilities in the room (wall mounted liquid soap, paper towels, laminated hand washing sign and foot operated bin)?				



Sinks taps/plug holes are clean?				
Are there any plugs in communal areas?				
Are mops hung appropriately inverted off floor level to prevent pooling/bacterial growth?				
The room has no inappropriate materials or equipment?				
The room has no equipment stored on the floor?				

**Laundry**
Room audited? Yes ☐ No ☐ If no, please comment further

Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
The laundry facilities are sited so that soiled articles, clothing, and infected linen are not carried through areas where food is stored, prepared, cooked, or eaten and do not intrude on other service users?				
Is there a dirty to clean flow in the room?				



Are wall tiles, walls, ceilings, wall fixtures intact and free from mould?				
Are floors clean and intact?				
Water soluble or alginate bags are available for soiled/infected linen?				
For delicate items which cannot be cleaned at high temperature, is a system in place to store them appropriately for the designated time period, to inactivate infective organisms prior to laundering (e.g. 72 hours COVID-19)?				
The laundry floor finishes are impermeable, sealed, coved and the wall finishes are smooth and are readily cleanable?				
Linen is segregated appropriately into colour coded linen bags? (Open plastic laundry baskets should not be used)				
Clean linen is stored in a clean dry area (not bathroom/sluice)?				
Washing machines and tumble dryers are industrial and serviced annually?				
Hand washing facilities are available and accessible with liquid soap, paper towels, foot operated bin and laminated hand hygiene poster?				
Washing machines and tumble dryers				



are industrial and serviced annually?				
There are no sluice facilities or deep sinks present in the laundry?				
Is PPE available (disposable gloves, aprons, and eye protection)?				
Is the laundry room free from food and drink?				

### Additional Audit Information

Food Handling/Serving				
Criterion checked? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please comment further <input type="text"/>				
Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Do staff serving meals or feeding residents wear clean designated tunics OR colour coded disposable aprons?				
Do staff wash their hands prior to serving meals/feeding residents?				
Are residents always offered the opportunity to wash their hands before mealtimes?				



Waste Management				
Criterion checked? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please comment further <input type="text"/>				
Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Is infectious/healthcare risk waste removed by a registered contractor with a valid license?				
Where no clinical waste stream is available, items of waste generated from known or suspected infectious individual (e.g. COVID-19) are stored safely for 72 hours prior to placing in household waste stream				
Waste bags are no more than 2/3 full?				
Are clinical/offensive waste bins foot operated?				
Sharps Management				
Criterion checked? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please comment further <input type="text"/>				
Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review



				review
Sharps containers are assembled correctly?				
Sharps containers are labelled?				
Sharps containers are less than 2/3 full and free from protruding sharps and disposed at 3 months for traceability purposes				
Sharps posters are visible? (in clinical rooms)				
Is the temporary closure mechanism used when the sharps container is not in use?				

**Toys and Pets**

Criterion checked? Yes ☐ No ☐ If no, please comment further

Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Therapy items (e.g. toys/dolls/twiddle muffs; musical instruments) are in good state of repair, made of washable material, laundered weekly or if visibly dirty as per agreed schedule?				
Therapy items cleaned between residents or for named individuals.				



Are resident and visitor's pets (e.g. cats, dogs, rabbits) regularly wormed, vaccinated, de-flea' d and clean. Are named individuals responsible for monitoring the pet's welfare?				
Do staff, residents and visitors wash their hands after having contact with pets and pet visitors?				

**Manual Handling Equipment**

Criterion checked? Yes ☐ No ☐ If no, please comment further

Question	Observations	Actions (to be completed by the home)	Lead	Date of completion / review
Is manual handling equipment stored appropriately?				
Are manual handling slings/sheets, single use or laundered after use?				
Are hoists visibly clean and in a good state of repair?				
Does the setting have a stair lift? If so, is this on a cleaning schedule.				

