

SICPs Assurance: Annual IPC Audit Tool for Care Homes

Name of establishment	
Manager	
IPC Lead	
Auditor	
Date	
Audit undertaken with	

Action

This IPC Assurance Audit Tool should be used annually to ensure that compliance with IPC Policies for Standard infection control precautions is being monitored and achieved. It is based on the requirements of the *Health and Social Care Act: 2008: code of practice on the prevention and control of infections and related guidance*, the *National infection prevention and control manual (NIPCM) for England*, and national cleanliness standards. It is designed to be used in conjunction with the Code of Practice Annual Assurance Tool for Care Homes (Resource 1.1) and monthly audits of practice (Resources 2.4-2.11).

- It should be completed annually by the Manager or designated IPC Lead.
- A SICP Assurance Audit Executive summary sheet is available to summarise your findings, highlighting area of good practice and issues of concern.
- In the event of non-compliance, action plans should be produced and reviewed regularly to demonstrate continuous improvement.
- Completed audit tools should be reviewed at the relevant meeting and kept for assurance of good practice and as evidence for the CQC.

Contents

Page

SICP Assurance Audit (Executive summary) 3

1. Hand hygiene 4

2. Patient placement and assessment for infection risk 4

3. PPE (Personal protective equipment) 4

4. Respiratory and cough hygiene 5

5. Safe disposal of waste, including sharps 5

6. Safe management of blood and body fluid spillages 6

7. Safe management of care equipment 6

8. Safe management of linen, including uniforms and workwear 6

9. Safe management of sharps and inoculation injuries 7

10. Safe management of the care environment 7

Appendix 1: Action plan 8

References 9

SICP Assurance Audit (Executive summary)

Overview/summary	Is a follow up audit required?	Yes/No	
	Date booked		

No	SICPs assurance criteria	Comments	Yes	No	N/A
1.	Hand hygiene				
1.	Monthly 'Hand hygiene' audits are performed.				
2.	Alcohol handrub dispensers are easily visible, accessible, within expiry date and available for staff and visitor use.				
3.	Staff are aware of when to use alcohol handrub and when it should not be used, i.e., when hands are visibly soiled, caring for someone who has diarrhoea.				
4.	Residents are encouraged to wash their hands or offered skin wipes after using the toilet and before meals.				
5.	Hand cream/lotion is available for staff use (wall mounted or pump dispenser, not tubs). Staff may also use their own supply.				
6.	Hand hygiene posters and information are displayed, for example: a) Bare below the elbows b) Hand hygiene technique for staff c) Hand hygiene information leaflet d) Stop the spread of germs - please wash your hands e) Thumbs up to help prevent infections spreading f) Your 5 moments for hand hygiene				
7.	Clinical handwash basins are only used for handwashing.				
	Total for section 1				
2.	Patient placement and assessment for infection risk				
1.	How are new residents assessed on arrival for their infection risk and throughout their stay or period of care?				
2.	When residents have a confirmed or suspected infection, they are isolated appropriately.				
3.	Staff are aware to notify the transferring ambulance service and admitting unit/care home of the resident's infection status, e.g. Inter healthcare transfer Form or patient passport				
	Total for section 2				
3.	PPE (Personal protective equipment)				
1.	Monthly 'PPE' audits are performed.				
2.	All PPE is stored in easily accessible cupboards or wall mounted dispensers close to the point of use.				

No	SICPs assurance criteria	Comments	Yes	No	N/A
3.	'Correct order for putting on and removing PPE' Posters are displayed.				
Total for section 3					
4.	Respiratory and cough hygiene				
1.	Staff are aware of good respiratory and cough hygiene practices, including need for ventilation.				
2.	Residents have access to disposable tissues and there are waste bins or bags within reach to dispose of used tissues.				
3.	Staff are aware not to touch their eyes, nose and mouth.				
Total for section 4					
5.	Safe disposal of waste, including sharps				
1.	A 'Waste stream guide' Poster is displayed.				
2.	Staff can identify the correct colour code for waste bags that are used in their establishment, e.g. domestic (black), infectious (orange), offensive/hygiene (yellow and black).				
3.	Waste is correctly segregated in all areas.				
4.	Waste bags are less than ¾ full and are correctly tied (swan neck and plastic zip tie) and labelled.				
5.	Waste for collection is stored safely and in a secure place away from public access.				
6.	Waste documentation is completed and retained.				
7.	Sharps containers are assembled and labelled correctly.				
8.	Sharps containers are stored appropriately, and the temporary closure mechanism is used between use, to prevent accidental spillage of the contents.				
9.	Staff are aware that sharps should be disposed of directly into a sharps container at the point of use.				
10.	Contents of sharps containers in use are below the 'fill line'.				
11.	Needles and syringes are discarded as one unit in sharps containers.				
Total for section 5					

No	SICPs assurance criteria	Comments	Yes	No	N/A
6. Safe management of blood and body fluid spillages					
1.	Blood spillage kits are available. Alternatives are chlorine-based granules, a chlorine-based disinfectant at 10,000 parts per million (ppm) available chlorine, or equivalent product.				
2.	Body fluid spillage kits are available. Alternatives are a chlorine-based disinfectant at 1,000 ppm available chlorine, or equivalent product.				
3.	Staff can demonstrate the correct procedure for dealing with a blood and/or blood stained body fluid spillage.				
4.	Staff can demonstrate the correct procedure for dealing with a body fluid spillage.				
5.	Staff are aware that chlorine-based disinfectant solutions should not be used directly on urine as toxic fumes will be released.				
Total for section 6					
7. Safe management of care equipment					
1.	Monthly 'Safe management of care equipment' audits are performed.				
2.	Items with expiry dates are in date.				
3.	A 'Declaration of contamination status' Form, or similar documentation, is used for equipment prior to inspection, service or repair.				
Total for section 7					
8. Safe management of linen, including uniforms and workwear					
1.	Laundry bags/skips are no more than 2/3 full.				
2.	Alginate bags are available for infected/soiled linen.				
3.	Clean linen is not stored on open trolleys in communal areas, e.g. bathrooms, corridors.				
4.	Staff uniforms and workwear are clean and fit for purpose.				
5.	Shelving in linen cupboard should be wipeable, clean and damage free. There are no items stored on the floor.				
Total for section 8					

No	SICPs assurance criteria	Comments	Yes	No	N/A
9.	Safe management of sharps and inoculation injuries				
1.	Posters on 'Actions to be taken following a sharps injury, blood splash or body fluid incident' are displayed for staff to view, e.g. clinical/ treatment room.				
	Total for section 9				
10.	Safe management of the care environment				
1.	Monthly 'Safe management of the care environment' audits are performed.				
2.	A cleaning plan and clear cleaning schedules and frequencies are in place.				
3.	Clinical areas are not carpeted.				
4.	Documented risk assessments have been undertaken for carpeted areas in non-clinical or associated areas, e.g. lounges, bedrooms.				
5.	Carpets in non-clinical or associated areas are suitable, e.g. have impervious backing and cleaned regularly, as per local cleaning schedule, or immediately if visibly soiled.				
6.	All aspects of cleaning including cleanliness, schedules, records and audits are compliant with national standards of cleanliness.				
7.	There are designated rooms for laundry, clean utility and sluice.				
8.	When cleaning the care environment, staff are aware to use an 'S' shaped pattern from clean to dirty, top to bottom, and not to go over the same area twice.				
9.	The care home is free of offensive odours.				
	Total for section 10				

Appendix 1: Action plan

Section	Issues identified	Actions	Target for completion	Person(s) responsible	Progress	Actual date completion
1	Hand hygiene					
2	Patient placement and assessment for infection risk					
3	PPE (Personal protective equipment)					
4	Respiratory and cough hygiene					
5	Safe disposal of waste, including sharps					
6	Safe management of blood and body fluid spillages					
7	Safe management of care equipment					
8	Safe management of linen, including uniforms and workwear					
9	Safe management of sharps and inoculation injuries					
10	Safe management of the care environment					

References

- Department of Health and Social Care (December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*
- Department of Health and Social Care (2022) *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*
- Department of Health (2013) *Health Building Note 00-09: Infection control in the built environment*
- Health and Safety Executive (2013) *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees*
- Loveday HP et al (January 2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection Volume 86 Supplement 1, Pages S1-S70*
- Medicines and Healthcare Products Regulatory Agency (2021) *Single use medical devices: implications and consequences of reuse*. Available at www.mhra.gov.uk
- National Institute for Health and Clinical Excellence (2012, updated 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*
- National Patient Safety Agency (2010) *National specifications for cleanliness: Guidance on setting and measuring performance outcomes in care homes*
- NHS England (July 2023) *National infection prevention and control manual (NIPCM) for England Version 2.6*
- NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021*
- UK Health Security Agency (2013, updated 2020) *Immunisation against infectious disease*