



Pressure relieving cushion and cushion cover compliance: Audit Tool for Care Homes

This Audit Tool aims to identify pressure relieving cushions and cushion covers in poor condition. Cushions and cushion covers in a poor condition are known to be a source of healthcare associated infection. Refer to 'Safe management of care equipment Policy for Care Home settings'.

Action

- Each pressure relieving cushion and cushion cover should be reviewed on a regular basis, which should be based upon a local risk assessment, e.g. weekly, monthly. Complete sections 1 and 2 below for each pressure relieving cushion and cushion cover.
- Cushions should be enclosed in a waterproof cover, preferably with an integral zip fastener, to facilitate inspections of the surfaces.
- For audit purposes, all cushion covers should be numbered for identification, rather than identifying the cushion by the location, as cushions are often moved between locations.
- In the event of cushion or cushion cover failure, an 'IPC Action Plan' should be produced and reviewed regularly.
- Completed Audit Tools and Action Plans should be kept locally for good practice assurance and as evidence for CQC inspections.

Name of establishment			Audi	t completed by		
Job title						
Unit name (if applicable)			Date			
	1. Criteria for pressui	re relieving cushion covers				
Overhiers words as and	Is there a breach in the	Is the cushion cover fastening		Does the cushion cov	er have anv	If the answers to any of the

	1. Criteria for pressure relieving cushion covers								
Cushion number and location	Is there a breach in the integrity of the cushion cover, e.g. torn or damaged?		Is the cushion cover fastening compromised, e.g. is the zip or any other cover fastening device broken?			Does the cushion cove staining outside or ins cannot remove?		If the answers to any of the questions are yes, the pressure relieving cushion cover has failed and must be replaced	
	Yes	No	Yes	No	N/A	Yes	No	Fail	Pass
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Name of establishment	Audit completed by					
Name of establishment	Job title					
Unit name (if applicable)	Date					

	2. Criteria for pressure relieving cushions								
Room number/cushion location	Undo the removable co on either side? (Not applicable to seale			Does the cushion hav odour?	e an offensive	If the answers to any of the questions are yes, the pressure relieving cushion has failed and must be replaced			
	Yes	No	N/A	Yes	No	Fail	Pass		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

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