

# Public Health, Health Protection Infection Prevention & Control (IPC) Assurance Matrix 2024 - 2025

<b>Name and Address of Home:</b>							
<b>Registered Manager Name and contact details:</b>							
<b>Lead IPC Champion Name and contact details:</b>							
<b>Type of visit:</b>	<table border="1"> <tr> <td><b>Proactive</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Reactive</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Post Outbreak</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Proactive</b>	<input type="checkbox"/>	<b>Reactive</b>	<input type="checkbox"/>	<b>Post Outbreak</b>	<input type="checkbox"/>
<b>Proactive</b>	<input type="checkbox"/>						
<b>Reactive</b>	<input type="checkbox"/>						
<b>Post Outbreak</b>	<input type="checkbox"/>						
<b>Total number of staff and service users:</b>	<table border="1"> <tr> <td><b>Staff</b></td> <td><b>Service Users</b></td> </tr> <tr> <td></td> <td></td> </tr> </table>	<b>Staff</b>	<b>Service Users</b>				
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<b>Contract officer:</b>							
<b>Completed by:</b> (Name of staff)							
<b>Date of visit:</b>	Click or tap to enter a date.						

<b>Version Control:</b>	
<b>Version</b>	Final Revision Version X.6
<b>Type</b>	Infection Prevention & Control (IPC) Assurance Matrix
<b>Directorate</b>	Adult Care and Community Wellbeing
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<b>Approving Person</b>	Natalie Liddle, Head of Service – Health Protection, Public Health
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<b>Review Date</b>	March 2025
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X.2		Review	01.04.19	N Liddle
X.3		Review	22.06.20	N Liddle
X.4		Review and update Front page, C1.2, C2.1, C4.5, C5.1, C5.3, C10.2, C10.3	13.04.22	V. Pruteanu
X.5		Whole Document	24/05/23	V. Pruteanu
X.6		Review and update Front Page, Guidance for Implementation and Use and C5.3. Added Pre-visit checklist.	15/01/24	V.Pruteanu

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## PRE-VISIT CHECKLIST

<b>Date of last visit and RAG Status:</b>	<p>Click or tap to enter a date.</p> <table border="1" data-bbox="562 352 1375 451"> <tr> <td><b>C1</b></td> <td><b>C2</b></td> <td><b>C3</b></td> <td><b>C4</b></td> <td><b>C5</b></td> <td><b>C6</b></td> <td><b>C7</b></td> <td><b>C8</b></td> <td><b>C9</b></td> <td><b>C10</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> <td></td> <td></td> </tr> </table>	<b>C1</b>	<b>C2</b>	<b>C3</b>	<b>C4</b>	<b>C5</b>	<b>C6</b>	<b>C7</b>	<b>C8</b>	<b>C9</b>	<b>C10</b>										
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<b>Actions from last visit:</b>																					
<b>Number of outbreaks in the last 12 months recorded on Outbreak Management System:</b>	<table border="1" data-bbox="562 751 1621 922"> <thead> <tr> <th><b>Date of Outbreak</b></th> <th><b>Illness</b></th> </tr> </thead> <tbody> <tr> <td>Click or tap to enter a date.</td> <td>Choose an item.</td> </tr> <tr> <td>Click or tap to enter a date.</td> <td>Choose an item.</td> </tr> <tr> <td>Click or tap to enter a date.</td> <td>Choose an item.</td> </tr> <tr> <td>Click or tap to enter a date.</td> <td>Choose an item.</td> </tr> </tbody> </table>	<b>Date of Outbreak</b>	<b>Illness</b>	Click or tap to enter a date.	Choose an item.	Click or tap to enter a date.	Choose an item.	Click or tap to enter a date.	Choose an item.	Click or tap to enter a date.	Choose an item.										
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<b>Attendance at Link Session or webinars (From April 2024 onwards):</b>	<table border="1" data-bbox="562 1054 2123 1126"> <thead> <tr> <th><b>Quarter 1</b></th> <th><b>Quarter 2</b></th> <th><b>Quarter 3</b></th> <th><b>Quarter 4</b></th> </tr> </thead> <tbody> <tr> <td>Click or tap to enter a date.</td> <td>Click or tap to enter a date.</td> <td>Click or tap to enter a date.</td> <td>Click or tap to enter a date.</td> </tr> </tbody> </table> <p>Please include details of any other training/webinars attended that were hosted by the HPT:</p>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.												
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Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.																		
<b>Date of last CQC visit and rating:</b>	<p>Click or tap to enter a date.</p> <table border="1" data-bbox="562 1294 1608 1358"> <tr> <td>Outstanding <input type="checkbox"/></td> <td>Good <input type="checkbox"/></td> <td>Requires Improvement <input type="checkbox"/></td> <td>Inadequate <input type="checkbox"/></td> </tr> </table>	Outstanding <input type="checkbox"/>	Good <input type="checkbox"/>	Requires Improvement <input type="checkbox"/>	Inadequate <input type="checkbox"/>																
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## **BACKGROUND:**

The Health & Social Care Act 2008 and its associated "Code of Practice on the prevention and control of infections and related guidance" (Revised 2015), applies to all registered providers of healthcare and adult social care in England. The 'Code of Practice' (Part 2) sets the infection prevention & control standards, as outlined in the x10 criteria, against which the Care Quality Commission (CQC) will judge a registered provider's compliance, to ensure service users are cared for in a safe, clean environment, where the risk of healthcare associated, infections are kept to a minimum, to protect service users from avoidable harm. Certain groups of people are at a greater risk of developing infections, particularly the elderly, people who have recently had surgery and those with serious underlying illnesses. Infections can result in an increased risk of complications and even death. Therefore, identifying and managing the risk to prevent avoidable infections is vital to delivering safe and effective, quality care.

## **GUIDANCE FOR IMPLEMENTATION & USE:**

When a **Proactive IPC** visit is scheduled, the home manager will have the opportunity to pre-prepare for the visit, by having examples of evidence (outlined in column 3) readily available for each of the criterion (with the exception of criterion 8, which is provided via the respective GP's). In discussion with the home manager, the Public Health, Health Protection Team will review the evidence and provide specialist advice and support to promote best practice, in addition to undertaking a visual inspection of the home to evaluate environmental cleanliness, custom and practice.

The criterion will be assessed based on achieved, partially achieved or not achieved and be determined by the evidence presented during the IPC visit. Where all criteria are achieved, the rating received will be green. Where some criteria are achieved, partially achieved or not achieved, the resulting rating will be determined by the level of risk associated with the evidence that has not been provided. If unable to demonstrate the achievement of the following criteria, this will result in a grading of red overall in the corresponding criterion:

- **No evidence of an IPC policy**
- **No evidence of cleaning schedules including enhanced deep cleaning during and following an outbreak**
- **No evidence of completed recommended audits in criterion 1**
- **No evidence of outbreak management control measures implemented**
- **Where there is a cumulation of evidence that functional areas or equipment which service users have extensive and frequent contact with, or which are certain to act as reservoirs for infection (e.g., toilets or commodes) have traces of blood, body substances, dust, dirt, debris, adhesive tape or spillages.**

The principles of proportionality will be considered throughout the visit, and it is recognised that care homes aim to provide a place where people feel at home, and this will be considered. The practitioner attending the setting to carry out this visit will be able to exercise discretion in judging the acceptability of evidence against each criterion. For example, scuff marks on door frames and walls would not necessarily be deemed as not acceptable.

Where there are issues identified, it may be necessary to undertake further visits to verify that actions are being taken to make improvements. The timing of these visits will be agreed during the initial visit between the manager and the nurse in attendance. The individual carrying out the visit is a nurse with expert knowledge in IPC, **they are not inspectors**. The outcome of the visit is to provide settings with supportive advice and guidance highlighting areas of good practice and making recommendations for improvement. This will support homes to meet the criterion as outlined in 'The Code of Practice' and prepare settings for CQC inspections.

When a **Reactive IPC** visit is scheduled, this may be as a result of practice concerns or at the request of the Contracts Officer or the CQC. In some circumstances this type of visit may be unannounced depending on the severity of the concerns raised. The Nurse conducting the Reactive IPC visit, will use this document and the **Care Settings Process Improvement Tool** to inform any actions and findings (**See useful resources**).

A **Post Outbreak** Visit may be scheduled in the following circumstances:

- 2 or more outbreaks which have required escalation in the last 12 months or reoccurring outbreaks
- Following a complex outbreak e.g. Influenza, Scabies

**Please note that this document provides an insight into current practice, outlining findings on the day of the visit.**

**USEFUL RESOURCES:**

[The National Specifications for Cleanliness: Guidance on setting and measuring performance outcome in care homes](#)

[Infection Prevention and Control: Resource for Adult Social Care](#)

[Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance](#)

[Care Setting Process Improvement Tool: Care Homes](#)

**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.**

Actions	Rationale	Suggested Evidence	Achieved	Partially Achieved	Not Achieved
<p><u>C1.1 Policy, Procedures, Guidance</u> Each registered provider will have an (in date) Infection Prevention &amp; Control Operational Policy</p>	<ul style="list-style-type: none"> <li>Sets out how the provider will ensure its infection prevention &amp; control systems, procedures and practices meet best practice standards (defined by Regulation 12 of the Health &amp; Social Care Act 2008) to minimise the risks of infection and the general means by which it will prevent and control such risk</li> </ul>	Up to date IPC Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		An up-to-date list of healthcare professionals who can provide specialist IPC advice, support & guidance, to include Public Health England, Lincolnshire Public Health and GP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>C1.2 Outbreak Management and testing</u> All outbreaks will be reported and monitored daily. Residents and staff who are symptomatic for COVID-19 should follow the latest Covid-19 testing in adult social care guidance. <i>*ASC Contractual requirement</i></p> <p><i>An outbreak is 2 or more people affected with the same or similar symptoms</i></p>	<ul style="list-style-type: none"> <li>To ensure safe assessment, care and management of residents/staff during an IPC related outbreak</li> <li>To reduce the risk of cross contamination</li> </ul>	Records to demonstrate appropriate reporting and actions taken e.g., UKHSA, LCC Public Health – Health Protection Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Records outlining the daily management of any outbreaks with numbers of staff/residents affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Staff exclusion policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Cleaning schedules to demonstrate affective management of the environment including a post outbreak 'deep clean'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents. This includes the need for FFP3 masks if performing Aerosol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Generating Procedures (AGP) on people with a suspected respiratory infectious agent and having staff who have been face fit tested for FFP3 use			
		Resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Application of IPC practices are monitored including hand hygiene, PPE donning and doffing, as well as cleaning and decontamination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		'Lessons learned' following an outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1.3 Staff training 100% of staff should be trained on Infection Prevention & Control	<ul style="list-style-type: none"> <li>To ensure the safe care and management of residents, staff should receive IPC training as part of their Induction programme and at mandatory training updates</li> <li>Records of staff training should be maintained</li> </ul>	Staff training records/matrix for IPC training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Attendance records for staff IPC training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1.4 Nominated Link Practitioner Each registered provider will have a named person with the appropriate skills and knowledge (and/or be willing to develop them), as the lead for Infection Prevention & Control	<ul style="list-style-type: none"> <li>Accountable staff member(s) for monitoring and promoting best practice through the dissemination of information and knowledge</li> <li>Supports the development of key</li> </ul>	Nominated individual(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Completed IPC Link Champion Service Commitment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Attendance at quarterly IPC Link Champion meetings (hosted by Lincolnshire Public Health, Health Protection Team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



*ASC Contractual requirement	staff in attaining specialist skills and knowledge																		
C1.5 Staff Meetings Infection Prevention & Control is a standing agenda item at staff meetings	<ul style="list-style-type: none"> <li>To reinforce the importance of IPC</li> <li>To disseminate key information</li> <li>To demonstrate &amp; share good practice</li> <li>Evaluate changes made / lessons learnt</li> </ul>	Staff meeting minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
C1.6 Audit Each registered provider will have an Infection Prevention & Control audit programme	<ul style="list-style-type: none"> <li>Indicates the level of IPC practice currently being met in the home</li> <li>Provides evidence of standards and working practices</li> <li>Can be used to set goals to improve IPC practice</li> </ul>	IPC audit programme, to include (recommended). <table border="1" data-bbox="853 595 1384 1015"> <tr> <td rowspan="3"><b>Annual</b></td> <td>Environment (All rooms)</td> </tr> <tr> <td>IPC Policy (review&amp; update)</td> </tr> <tr> <td>Hand Hygiene Competence Assessment</td> </tr> <tr> <td rowspan="4"><b>Quarterly</b></td> <td>Equipment</td> </tr> <tr> <td>Sharps</td> </tr> <tr> <td>Waste Management</td> </tr> <tr> <td>Linen Management</td> </tr> <tr> <td rowspan="3"><b>Monthly</b></td> <td>Uniform</td> </tr> <tr> <td>Bed Mattress</td> </tr> <tr> <td>Hand Hygiene (Spot Check)</td> </tr> <tr> <td>PPE (spot check)</td> </tr> </table>	<b>Annual</b>	Environment (All rooms)	IPC Policy (review& update)	Hand Hygiene Competence Assessment	<b>Quarterly</b>	Equipment	Sharps	Waste Management	Linen Management	<b>Monthly</b>	Uniform	Bed Mattress	Hand Hygiene (Spot Check)	PPE (spot check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C1.7 Risk assessments Completed risk assessments will be available for key aspects of service users personal care with respect to prevention of infection <ul style="list-style-type: none"> <li>tissue viability</li> <li>falls</li> </ul>	<ul style="list-style-type: none"> <li>To demonstrate identification of risk, steps taken to reduce or control the risks, with ongoing monitoring/evaluation to ensure best practice and delivery of safe, quality care</li> </ul>	Responsive action plans to demonstrate changes made following an audit  Service users care plans to evidence risk assessments, actions taken and ongoing evaluation  Use of and application of national risk assessment tools, e.g., Waterlow, MUST, aSSKINg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

<ul style="list-style-type: none"> <li>○ wound management</li> <li>○ indwelling devices e.g., urinary catheter, PEG feeding tube</li> </ul>	<p>supported by robust documentation</p> <ul style="list-style-type: none"> <li>• Avoidance of sepsis and associated consequences</li> <li>• To reduce the risk of antibiotic resistance</li> </ul>				
<p><b>C1.8 Annual IPC Statement</b> Each registered provider will complete and return an annual IPC statement</p>	<ul style="list-style-type: none"> <li>• Identifies the provider's compliance with the Infection Prevention &amp; control agenda</li> </ul>	<p>Completion and submission of Self Evaluation Tool by end of financial year (<b>31 March</b>) to; <a href="mailto:Healthprotectionteam@Lincolnshire.gov.uk">Healthprotectionteam@Lincolnshire.gov.uk</a></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OUTCOMES FOR CRITERIA ONE** (*Recommendations, actions, areas of good practice*)

<b>CRITERION 2: PROVIDE AND MAINTAIN A CLEAN AND APPROPRIATE ENVIRONMENT IN MANAGED PREMISES THAT FACILITATES THE PREVENTION AND CONTROL OF INFECTIONS</b>					
<b>Actions</b>	<b>Rationale</b>	<b>Suggested Evidence</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
<u>C2.1 Environmental Cleanliness</u> Each registered provider will have a well-maintained home with a visibly clean environment.	<ul style="list-style-type: none"> <li>To provide a clean, hygienic environment</li> <li>To ensure the environment is maintained – is in good physical repair and condition</li> <li>To prevent avoidable harm to service users through cross infection and illness</li> <li>To reduce the risk of outbreaks</li> </ul>	Robust and up to date cleaning schedules, outlining staff responsibilities, cleaning frequency and products to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		In the event of a COVID 19 outbreak or any other outbreak increased frequency of cleaning should be incorporated into the environmental decontamination schedules for patient isolations rooms and cohort areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Where possible air is diluted by natural ventilation by opening windows and doors where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Visually clean environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Maintenance of the fabric of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Environmental Audit results (Annual) & responsive action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Decommissioning of furniture and planned furniture replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C2.2 National Cleaning Colours</u> Each registered provider will use national cleaning colours	<ul style="list-style-type: none"> <li>To ensure all staff use the same cleaning methods, to reduce the risk of cross contamination through incorrect use of cleaning equipment</li> </ul>	Display national cleaning colours posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Evidence of application of national cleaning colours, staff understanding of which colour equipment for which area, cleanliness of housekeeping equipment – buckets & mops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C2.3 Equipment</u> Each registered provider will have effective arrangements in place for the cleaning of equipment that is used at the point of care,	<ul style="list-style-type: none"> <li>To prevent avoidable harm to service users through cross infection and illness</li> <li>To reduce the risk of outbreaks</li> </ul>	Robust and up to date cleaning schedules, outlining staff responsibilities, cleaning frequency and products to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Visually clean equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Environmental Audit results (Annual) & responsive action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e.g., hoists, bed, commodes					
C2.4 Hand Hygiene There is adequate provision of suitable hand washing facilities	<ul style="list-style-type: none"> <li>To prevent avoidable harm to service users through cross infection and illness</li> <li>To reduce the risk of outbreaks</li> </ul>	Access to facilities to include single cartridge soap, paper towels and pedal operated waste bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Annual Hand Hygiene competence assessments for staff with monthly spot check audits to demonstrate robust technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.5 Annual Environmental Audit Each registered provider will complete an annual Infection Prevention & Control Environmental Audit <i>*ASC Contractual requirement</i>	<ul style="list-style-type: none"> <li>Demonstrates standard of overall environmental cleanliness and maintenance of the fabric of the building and equipment</li> <li>Demonstrates compliance with contractual requirements</li> </ul>	Completion of annual environmental audit – for EVERY room in the home – <b>BY END OF FINANCIAL YEAR (31<sup>st</sup> March)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Responsive action plan to monitor actions taken and changes made following the audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Maintenance plan to deliver required improvements to the fabric of the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OUTCOMES FOR CRITERIA TWO** (*Recommendations, actions, areas of good practice*)

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**CRITERION 3:****ENSURE APPROPRIATE ANTIMICROBIAL USE TO OPTIMISE PATIENT OUTCOMES AND TO REDUCE THE RISK OF ADVERSE EVENTS AND ANTIMICROBIAL RESISTANCE (ACCESS TO MICROBIOLOGY SERVICES AND RESPONSIBILITY FOR STEWARDSHIP ACTIVITIES RESTS WITH THE SERVICE USER'S GENERAL PRACTITIONER)**

Actions	Rationale	Evidence	Achieved	Partially Achieved	Not Achieved
<p><u>C3.1 Antibiotic Prescribing</u> Each registered provider is required to maintain accurate records of antimicrobial prescriptions, to include;</p> <ul style="list-style-type: none"> <li>○ Allergies</li> <li>○ Dose</li> <li>○ Duration</li> <li>○ Reason for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• It is important that any medication is administered safely, and any risk of allergies are identified and documented</li> <li>• Timely administration of antibiotics is important to reduce the risk of antimicrobial resistance and/or adverse incident</li> </ul>	<p>Review MAR charts to monitor prescribing records and administration of antibiotics</p> <hr/> <p>Audit care plans to evaluate</p> <ul style="list-style-type: none"> <li>○ Commencement of infection</li> <li>○ Escalation to GP</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>C3.2 Identification &amp; Escalation</u> When an infection is suspected, staff should take a specimen to submit for culture &amp; sensitivity and inform the GP to seek appropriate treatment e.g., urine, sputum specimen</p>	<ul style="list-style-type: none"> <li>• Culture of specimens will inform the GP as to the most appropriate and effective antibiotic to prescribe, to reduce the risk of multiple antibiotic courses</li> </ul>	<p>Audit care plans to evaluate</p> <ul style="list-style-type: none"> <li>○ Commencement of infection</li> <li>○ Escalation to GP</li> <li>○ Use of <b>SBAR</b> tool [<i>Communication tool, to ensure essential information is effectively communicated in a critical situation, to promote a supportive response</i>] <ul style="list-style-type: none"> <li>• <b>S</b>ituation</li> <li>• <b>B</b>ackground</li> <li>• <b>A</b>ssessments</li> <li>• <b>R</b>ecommendations</li> </ul> </li> <li>○ Date and result of sample taken</li> <li>○ Date antibiotics commenced</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> <li>Discourage telephone prescribing</li> </ul>				
<p><u>C3.3 Antibiotic administration</u> Staff are required to administer medications as prescribed and/or document any changes advised by the GP in the individual resident's care plan</p>	<ul style="list-style-type: none"> <li>Antibiotics should be administered on time as per prescription to maximise efficacy and to reduce the risk of antimicrobial resistance</li> </ul>	<p>Six monthly audit of service user records to evaluate</p> <ul style="list-style-type: none"> <li>When antibiotic courses are commenced</li> <li>When antibiotics are ceased</li> <li>If/when antibiotic courses are changed</li> <li>Reason for changes to antibiotic courses</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<p>Review adverse incidents to evaluate reporting of poor practice and 'Lessons learned'</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>OUTCOMES FOR CRITERIA THREE</b> (<i>Recommendations, actions, areas of good practice</i>)</p>					

<b>CRITERION 4: PROVIDE SUITABLE ACCURATE INFORMATION ON INFECTIONS TO SERVICE USERS, THEIR VISITORS AND ANY PERSON CONCERNED WITH PROVIDING FURTHER SUPPORT OR NURSING/MEDICAL CARE IN A TIMELY FASHION</b>					
<b>Actions</b>	<b>Rationale</b>	<b>Suggested Evidence</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
<u>C4.1 Specialist IPC Advice</u> Each registered provider will have access to specialist IPC advice	<ul style="list-style-type: none"> <li>• Ensure staff understand the risks from infections and what they need to do to prevent and control them, to protect service users</li> <li>• Ensure all staff know how to access specialist advice as and when required</li> </ul>	List of contact details for; <ul style="list-style-type: none"> <li>○ Service users GP's</li> <li>○ Local Public Health IPC Team (Lincolnshire County Council)</li> <li>○ Public Health England (Regional)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C4.2 Transfer Procedure</u> Each registered provider will ensure accurate IPC information is shared with other providers, when a service user is; <ul style="list-style-type: none"> <li>○ Transferred to hospital for inpatient or outpatient care</li> <li>○ Transported in an ambulance</li> <li>○ Moves to or from another health or social care setting</li> <li>○ Moves to or from the service user's home</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate information about an individual or organisation's infection risk must be communicated appropriately to other organisations (whilst maintaining service user confidentiality), particularly when transferring to an alternative provider of care to reduce the risk of cross contamination</li> </ul>	Transfer Policy or hospital pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Transfer/discharge form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Staff meeting minutes with examples of admission, discharge, transfer issues with 'lessons learned'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Audit to evaluate transfer/discharge forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Information Governance staff training records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> <li>Staff need to understand how and when to share information about a service user and must understand the principles of safe handling of information</li> </ul>				
<u>C4.3 Handover</u> Each registered provider will ensure accurate IPC information and actions required are shared with employees daily, as required	<ul style="list-style-type: none"> <li>When conveying a change in service user condition and/or seeking advice from a healthcare professional; accurate information must be communicated appropriately (verbal &amp; written) to ensure essential information is made available to staff to promote safe, effective care</li> </ul>	Use of <b>SBARD</b> tool [ <i>Communication tool, to ensure essential information is effectively communicated in a critical situation, to promote a supportive response</i> ] <ul style="list-style-type: none"> <li><b>S</b>ituation</li> <li><b>B</b>ackground</li> <li><b>A</b>ssessments</li> <li><b>R</b>ecommendations</li> <li><b>D</b>ecisions</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Review care plans to ensure individual service user information is documented accurately to reflect handover information with responsive actions required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C4.4 Information leaflets</u> Each registered provider will provide illness specific information leaflets	<ul style="list-style-type: none"> <li>Provide accurate information to inform service users, families/friends of any infection risk</li> </ul>	Availability of disease specific information leaflets, e.g. <ul style="list-style-type: none"> <li>MRSA</li> <li>D&amp;V Outbreak &amp; management, Norovirus versus C-Difficile</li> <li>COVID-19</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C4.5 Visits from patient's relatives and carers</u>	<ul style="list-style-type: none"> <li>To prevent avoidable harm</li> </ul>	There is clearly displayed, written information available to prompt residents' visitors and staff to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<p>Each registered provider will ensure that national guidance pertaining to any infectious disease including COVID 19 is implemented within the care setting.</p>	<p>to service users through cross infection and illness</p> <ul style="list-style-type: none"> <li>• Visits from patients' relatives or carers should be encouraged and supported whilst maintaining the safety and wellbeing of services users, staff, and visitors</li> </ul>	<p>comply with handwashing, wearing a face mask/face covering <b>during a declared outbreak.</b></p> <p><i>National guidance is subject to frequent changes. Ensure you are familiar with current guidance.</i></p>			
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**OUTCOMES FOR CRITERIA FOUR** *(Recommendations, actions, areas of good practice)*

**CRITERION 5:  
ENSURE PROMPT IDENTIFICATION OF PEOPLE WHO HAVE OR ARE AT RISK OF DEVELOPING AN INFECTION SO THAT THEY RECEIVE TIMELY AND APPROPRIATE TREATMENT TO REDUCE THE RISK OF TRANSMITTING INFECTION TO OTHER PEOPLE**

Actions	Rationale	Suggested Evidence	Achieved	Partially Achieved	Not Achieved
<p><u>C5.1 Risk assessments</u> Completed risk assessments will be available for key aspects of service users personal care with respect to prevention of infection</p> <ul style="list-style-type: none"> <li>○ tissue viability</li> <li>○ falls</li> <li>○ wound management</li> <li>○ indwelling devices</li> <li>○ recurrent infections</li> </ul>	<ul style="list-style-type: none"> <li>• To demonstrate identification of risk, steps taken to reduce or control the risks, with ongoing monitoring/evaluation to ensure best practice and delivery of safe, quality care supported by robust documentation</li> <li>• Avoidance of sepsis and associated consequences</li> <li>• To reduce the risk of antibiotic resistance</li> </ul>	<p>Service users care plans to evidence risk assessments, actions taken and ongoing evaluation (with respect to IPC)</p> <p>Use of and application of national risk assessment tools, e.g. Waterlow, MUST</p> <p>Adherence to national care bundle guidance to promote best practice e.g.  <b>SEPSIS</b> - for signs of infection  <b>aSSKINg</b> – to promote skin integrity &amp; pressure ulcer management  <u>a</u>ssessment of risk  <u>S</u>urface  <u>S</u>kin  <u>K</u>eep Moving  <u>I</u>ncontinence  <u>N</u>utrition  <u>g</u>iving information</p>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
<p><u>C5.2 Identification &amp; escalation</u> When a service user develops signs and symptoms of an infection, escalate to appropriate healthcare professional for specialist management advice</p>	<ul style="list-style-type: none"> <li>• General Practitioners will provide the necessary initial advice when a service user develops signs and symptoms of an infection - The GP may then wish to request local professional expertise</li> </ul>	<p>Care plans to demonstrate actions taken, information shared and agreed plan of care (with respect to IPC)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>C5.3 Outbreak Management and testing</u></p>	<ul style="list-style-type: none"> <li>• To ensure safe care and</li> </ul>	<p>Records to demonstrate appropriate reporting and actions taken e.g., UKHSA, LCC Public Health</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

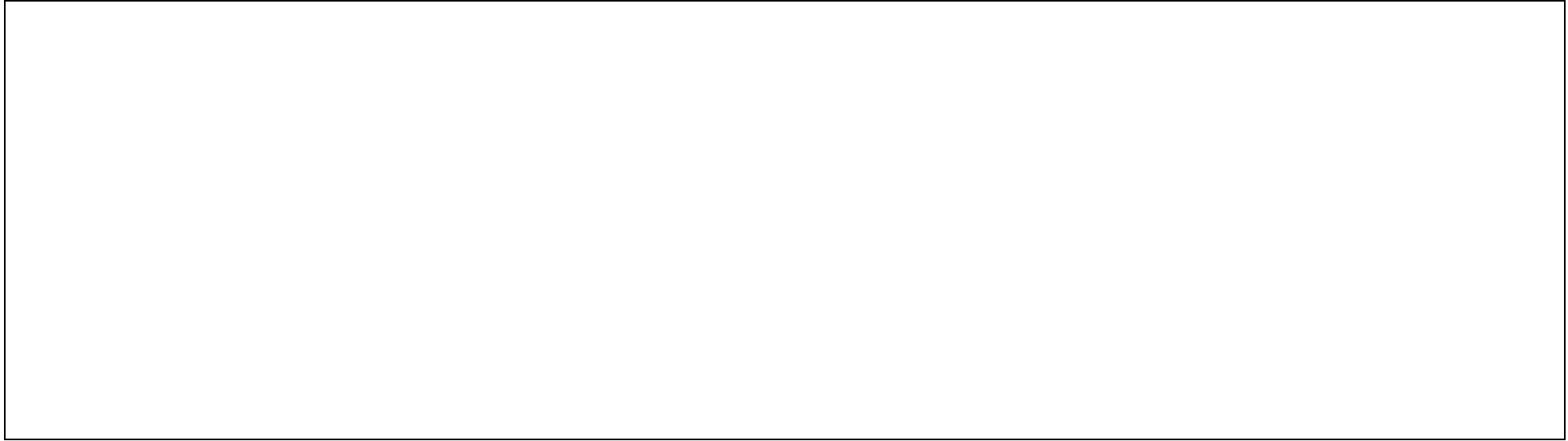
<p>Residents and staff who are symptomatic for COVID-19 should follow the latest Covid-19 testing in adult social care guidance.</p> <p>All outbreaks will be reported to: UK Health Security Agency (UKHSA) Tel: 0344 225 4524</p> <p>With daily updates provided to LCC Public Health, Health Protection Team (Tel: 01522 552993)</p> <p><b>*ASC Contractual requirement</b></p>	<p>management of residents/staff during an IPC related outbreak</p> <ul style="list-style-type: none"> <li>To reduce the risk of cross contamination</li> </ul>	Records outlining the daily management of any outbreaks and numbers of staff/residents affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		Staff exclusion policy in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		Cleaning schedules to demonstrate effective management of the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		An up-to-date list of healthcare professionals who can provide IPC advice, support & guidance, to include UKHSA, Lincolnshire Health Protection Team, GP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		An up-to-date list of residents and vulnerable staff members for outbreak prescribing e.g. Influenza, Scabies. Should include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<table border="1"> <tr><td>Name</td></tr> <tr><td>DOB</td></tr> <tr><td>NHS Number</td></tr> <tr><td>Weight</td></tr> <tr><td>Chronic Kidney Disease</td></tr> <tr><td>Influenza Vaccine Status</td></tr> </table>	Name	DOB	NHS Number	Weight	Chronic Kidney Disease	Influenza Vaccine Status			
Name											
DOB											
NHS Number											
Weight											
Chronic Kidney Disease											
Influenza Vaccine Status											

**OUTCOMES FOR CRITERIA FIVE** (*Recommendations, actions, areas of good practice*)



**OUTCOMES FOR CRITERIA SIX** (*Recommendations, actions, areas of good practice*)

<b>CRITERION 7: PROVIDE OR SECURE ADEQUATE ISOLATION FACILITIES</b>					
<b>Actions</b>	<b>Rationale</b>	<b>Suggested Evidence</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
<u>C7.1 Isolation Facilities</u> When isolation is required, the resident should be ideally cared for in a single room with en-suite facilities available	<ul style="list-style-type: none"> <li>To reduce the risk of cross contamination</li> </ul>	Building and floor plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Individual care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Policy & guidance (outbreak management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C7.2 Personal Protection Equipment</u> The provider should ensure staff have access to PPE at the point of care delivery	<ul style="list-style-type: none"> <li>To reduce the risk of cross contamination</li> </ul>	Appropriate storage and access to PPE e.g., wall mounted dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Is fit tested and has access to FFP3 masks if needing to perform Aerosol Generating Procedure (AGP) on a person with a suspected or confirmed respiratory infectious agent ( <b><i>If applicable</i></b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Staff understanding and use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Spot check audit results for use of PPE and staff compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Appropriate disposal of PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C7.3 Waste Management</u> Providers will ensure waste is segregated and managed safely, in line with best practice	<ul style="list-style-type: none"> <li>To reduce the risk of cross contamination</li> </ul>	Evidence of waste segregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Audit to demonstrate correct practice for segregating and disposal of waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C7.4 Linen Management</u> Providers to ensure that contaminated linen is managed effectively	<ul style="list-style-type: none"> <li>To reduce the risk of cross contamination</li> </ul>	Layout of the laundry ( <b><i>dirty to clean flow</i></b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Appropriate use of aqua solvent red bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Access to and use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OUTCOMES FOR CRITERIA SEVEN</b> ( <i>Recommendations, actions, areas of good practice</i> )					



**CRITERION 8:****SECURE ADEQUATE ACCESS TO LABORATORY SUPPORT AS APPROPRIATE****Actions****Rationale****Suggested Evidence**

This criterion does not apply to Adult Social Care setting – The GP will be responsible for sending laboratory samples

**CRITERION 9:****HAVE AND ADHERE TO POLICIES, DESIGNED FOR THE INDIVIDUAL'S CARE AND PROVIDER ORGANISATIONS THAT WILL HELP TO PREVENT AND CONTROL INFECTIONS**

<b>Actions</b>	<b>Rationale</b>	<b>Suggested Evidence</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
<p><u>C9.1 IPC Policy</u> A registered provider should, in relation to preventing, reducing and controlling the risks of infection, have appropriate policies in place, which should be clearly marked with a review date, to include</p>	<ul style="list-style-type: none"> <li>To promote compliance with the current code of practice on preventing and controlling infections, as outlined in Dept. of Health (Revised 2015), <i>The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance</i></li> </ul>	<p>A robust Infection Prevention &amp; Control file with the relevant inclusive guidance, as listed under item C9.1</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Actions</b>	<b>Rationale</b>	<b>Suggested Evidence</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
<p>a. Standard IPC precautions, specifically Hand washing &amp; decontamination and the use of Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> <li>NICE Clinical Guideline 2012 (Revised 2017), <i>Healthcare-associated infections: prevention and control in primary</i></li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<p>b. Aseptic Technique</p> <p>c. Outbreaks and management of communicable diseases</p> <p>d. Isolation facilities</p> <p>e. Safe handling &amp; disposal of Sharps</p> <p>f. Prevention of occupational exposure to blood borne viruses including management of sharps injuries</p> <p>g. Management of occupational exposure to blood borne viruses and post exposure prophylaxis</p> <p>h. Single use medical devices</p> <p>i. Decontamination of reusable medical devices</p> <p>j. Use and care of invasive devices e.g., urinary catheters</p> <p>k. Safe handling &amp; disposal of waste and linen</p> <p>l. Sampling, handling, packaging &amp; delivery of laboratory specimens e.g., urine, sputum</p>	<p><i>and community care</i></p> <ul style="list-style-type: none"> <li>• To build on staff knowledge, skills and competence to improve the quality of care and practice in IPC</li> <li>• To reduce the risk of avoidable harm</li> </ul>				
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<ul style="list-style-type: none"> <li>m. Care of the deceased persons</li> <li>n. Environmental cleaning, including deep cleaning after an outbreak</li> <li>o. Purchase, cleaning, maintenance and disposal of equipment</li> <li>p. Uniform/dress code</li> <li>q. Occupational health advice for staff</li> <li>r. Immunisation of service users</li> </ul>					
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**OUTCOMES FOR CRITERIA NINE** *(Recommendations, actions, areas of good practice)*

**CRITERION 10:****PROVIDERS HAVE A SYSTEM IN PLACE TO MANAGE THE OCCUPATIONAL HEALTH NEEDS AND OBLIGATIONS OF STAFF IN RELATION TO INFECTIONS**

Actions	Rationale	Evidence	Achieved	Partially Achieved	Not Achieved
<b>C10.1 Recruitment &amp; Staff Health</b> Each registered provider should ensure that all staff complete and submit a confidential health assessment, once a conditional offer of employment has been made, to include: <ul style="list-style-type: none"> <li>○ Periods of overseas residence</li> <li>○ Medical history including previous/current illnesses</li> <li>○ Immunisation records</li> </ul>	<ul style="list-style-type: none"> <li>● To promote safe recruitment practices</li> <li>● To reduce the risk of avoidable harm</li> </ul>	Risk based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Completion of Care Certificate Standard 15 (IPC) for all new staff (From June Completion of the level 2 Adult Social Care Certificate Qualification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C10.2 Management of Staff</b> Each registered provider should have supportive staff policies in place, to include: <ul style="list-style-type: none"> <li>○ Staff responsibilities in reporting illness</li> <li>○ Management of staff exposed to infections</li> <li>○ Risk assessments for immunisations, including influenza, Hepatitis B and COVID 19</li> <li>○ Screening for communicable diseases</li> </ul>	<ul style="list-style-type: none"> <li>● To promote safe practice</li> <li>● To ensure staff understand their responsibilities in reporting injury and/or illness</li> <li>● To reduce the risk of avoidable harm to staff and service users</li> </ul>	Staff records outlining uptake of staff influenza vaccination and COVID 19 vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Management of occupational exposure to infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supportive IPC Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Staff IPC training (Training content & staff attendance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>○ Staff exclusion from work</li> <li>○ Management of sharps injury</li> <li>○ Access to a fit testing programme for those who may need to wear respiratory protection</li> <li>○ A risk assessment is carried out for staff who are pregnant or from ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza or COVID-19</li> </ul>					
<p><u>C10.3Flu Vaccinations and COVID 19 vaccinations</u> Promote staff engagement in the uptake of annual flu vaccination programme and COVID 19 vaccination.</p>	<ul style="list-style-type: none"> <li>• To protect the health of staff</li> <li>• To protect the health of vulnerable service users</li> </ul>	Staff records outlining uptake of staff influenza vaccination and COVID 19 vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>OUTCOMES FOR CRITERIA TEN</b> <i>(Recommendations, actions, areas of good practice)</i></p>					

## RAG RATING:

Criteria	Green	Amber	Red
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.			
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.			
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance (Access to Microbiology Services and responsibility for stewardship activities rests with the service user's General Practitioner).			
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.			
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.			
6. Systems 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.			
7. Provide or secure adequate isolation facilities.			
<b>8. Secure adequate access to laboratory support as appropriate</b>			
9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.			
10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infections.			
<b>Overall</b>			

## POST VISIT CHECKLIST

Is a follow up visit required within ( <i>please select one</i> ):	
3 months	<input type="checkbox"/>
6 months	<input type="checkbox"/>
12 months	<input type="checkbox"/>
If you have selected 3 or 6 months, please give brief descriptor as to your reasoning why.	
Date final report shared with setting and contracts officer and CQC (where applicable):	Click or tap to enter a date.