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| Public Health, Health Protection |
| Infection Prevention & Control (IPC) |
| Self-Evaluation Audit Tool 2023 - 2024 |

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| **Name of Home:** |  |
| **Address of Home:** |  |
| **Postcode:** |  |
| **Manager:**  |  |
| **Lead Link Champion:** |  |
| **Total number of staff:** |  |
| **Total number of service users:**  |  |
| **Contract officer:**  |  |
| **Completed by:**(Name of staff) |  |
| **Date:** |  |

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| --- |
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| **Author** | Victoria Pruteanu, Clinical Lead, Health Protection, Public Health |
| **Approving Person** | Natalie Liddle, Head of Service – Health Protection, Public Health  |
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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.

# Context:

The law states the Code must be considered by the CQC when it makes decisions about registration against the infection prevention requirements. The regulations also say that providers must have regard to the Code when deciding how they will comply with registration requirements. By following the Code, registered providers will be able to show they meet the requirement set out in the regulations. However, the Code is not mandatory so registered providers do not by law have to comply with the Code. A registered provider may be able to demonstrate that it meets the regulations in a different way (equivalent or better). The Code aims to exemplify what providers need to do in order to comply with the regulations (DoH 2015)[[1]](#footnote-2).

# Purpose:

Lincolnshire County Council commissions services from a number of residential care providers, therefore this document has been developed as an 'aide memoire' to support adult and community well-being staff, to enable them to seek and obtain assurance, with examples of evidence that can be provided by the commissioned residential homes to support them in demonstrating compliance.

# Guidance and Implementation and Use:

This document is designed for use by care home managers to complete a self-evaluation of their setting in relation to IPC. This is intended to be a support tool which care home managers can use to demonstrate compliance with the 10 Criteria as set out in ‘The Code of Practice’. It is designed to be used as an aide memoir to seek assurances within the setting in relation to IPC and replaces the Annual Statement.

# Self-Evaluation IPC Audit Tool for Residential Settings

**1.** Do you have an up-to-date IPC policy? Choose an item.

**2.** What date was your IPC policy updated?

Click or tap to enter a date.

**3.** Do you have an up-to-date list of healthcare professionals who can provide specialist IPC advice and guidance e.g., LCC Health Protection Team and UKHSA? Choose an item.

**4.** Do you have records outlining daily management of any outbreaks? Choose an item.

**5.** Did you report these outbreaks to LCC Health Protection Team? Choose an item.

**6.** Are your cleaning schedules up to date? Choose an item.

**7.** Have the cleaning schedules been audited? Choose an item.

**8.** Do you have evidence of completion of the following audits and when were they last undertaken?

Environmental Audit Choose an item. Click or tap to enter a date.

Hand Hygiene Competency Assessment Choose an item. Click or tap to enter a date.

Equipment Audit Choose an item. Click or tap to enter a date.

Sharps Management Audit Choose an item.Click or tap to enter a date.

Waste Management Audit Choose an item. Click or tap to enter a date.

Linen Management Audit Choose an item. Click or tap to enter a date.

Bed Mattress and Cushions Audit Choose an item. Click or tap to enter a date.

PPE Audit Choose an item. Click or tap to enter a date.

**9.** If you have answered no to any of the questions in no.8, please provide a short summary as to why.

Click or tap here to enter text.

**10.** Following completion of the above audits, what if any actions were identified?

Click or tap here to enter text.

**11.** Do you have a nominated Link Champion? Choose an item.

**12.** If yes to question 11, please provide the name of the individual below and their job role.

Click or tap here to enter text.

**13.** Do you have an up to maintenance schedule? Choose an item.

**14.** Do you audit care plans 6 monthly to monitor antibiotic prescribing? Choose an item.

**15.** If yes to question 15, have you identified any trends in relation to the prescribing of antibiotics e.g., courses incomplete, frequent prescribing for specific individuals? Please outline in more detail below.

Click or tap here to enter text.

 **16.** Do you include Infection Prevention and Control as an agenda item in your staff meetings? Choose an item.

**17.** If no, is this something you would consider for future meetings? Choose an item.

**18.** Please indicate which national care bundles you use within your setting.

Waterlow Choose an item.

aSSKINg Choose an item.

Sepsis Screening Tool Choose an item.

MUST (Malnutrition Universal Screening Tool) Choose an item.

**19.** If none of the above, please indicate below what risk assessments you use for managing skin integrity, malnutrition and for monitoring signs of deterioration.

Click or tap here to enter text.

**20.** Are you staff fully compliant with their Mandatory IPC training? Choose an item.

**21.** If you have answered no, please indicate why and what actions you are taking to ensure compliance.

Click or tap here to enter text.

**22.** Is risk-based screening completed for all staff during the recruitment process? Choose an item.

**23.** If no, please indicate why.

Click or tap here to enter text.

**24.** If yes, please provide more detail e.g., completion of health screening questionnaire, etc.

Click or tap here to enter text.

**25.** Do you keep records outlining uptake of staff vaccination for COVID-19 and Influenza?

Choose an item.

**26.** If no, is this something you would consider implementing?

Choose an item.

One completed, please email a copy of this self-evaluation audit tool to healthprotectionteam@lincolnshire.gov.uk **by the 31st of March 2024.**

***Thank you for taking the time to complete this document.***

# Useful resources

[The National Specifications for Cleanliness: Guidance on setting and measuring performance outcome in care homes](https://www.gov.im/media/1347300/national-specifications-for-cleaning-in-care-homes-oct-14.pdf)

[Infection Prevention and Control: Resource for Adult Social Care](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/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](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance/health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance)

1. The Health & Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Revised 2015). Dept of Health. [↑](#footnote-ref-2)