



CareQuality
Commission



CQC ARE INSPECTING YOU

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What is the role of the CQC

- CQC – Monitor inspect and regulate health and social care services to ensure fundamental standards are met
- Publish findings including performance ratings to allow people to choose.
- Register healthcare services.

Outstanding



Good



Requires improvement



Inadequate



Fundamental standards.

Person centred Care

Dignity and respect

Consent

Safety

Safeguarding from Abuse

Food and drink

Premises and equipment

Complaints

Good Governance

Staffing

Fit and Proper staff

Duty of Candour

Display of Ratings

The questions asked :

- Is it Safe, protecting people from abuse/ avoidable harm?
- Is it Effective, with care, treatment and support achieving good outcomes, promoting good quality of life, and being evidence-based wherever possible?
- Is it Caring, with staff involving people and treating them with compassion, kindness, dignity and respect?
- Is it Responsive, with services organised in such a way as to meet people's individual needs?
- Is it Well-led, with leadership, management and governance asserting the delivery of high quality person-centred care, supporting learning and innovation, and promoting an open and fair culture?

CQC – Health and Social Care Act 2008

Criteria for inspection

Registered provider will need to demonstrate

- Systems in place to manage and monitor the prevention and control of infection.
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
- Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
- 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.

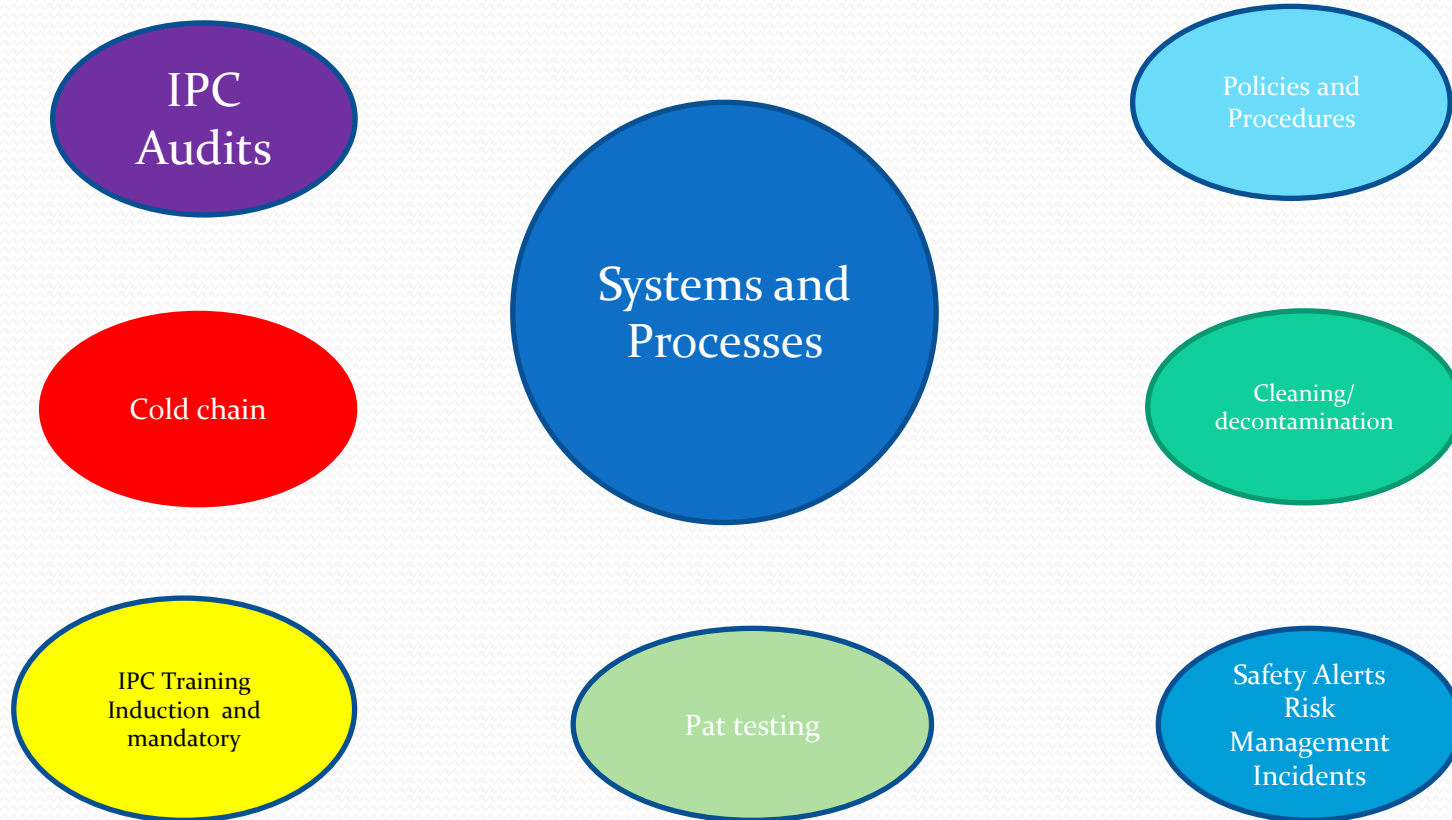
CQC – Health and Social Care Act 2008

Criteria for inspection (cont.)

- 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.
- Systems in place to ensure that all care workers, (contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
- Provide or secure adequate isolation facilities
- Secure adequate access to laboratory support as appropriate

Issues raised in previous CQC reports

Comments made regarding :



Governance



- IPC should be itemised on the governance agenda. The lead has a responsibility to feedback issues at this meetings.
- Ensure safe systems of work for your patients, staff, equipment and environment are included under IPC
- There should be recorded minutes to be provided as evidence of discussions.
- IPC audits need addressing as part of governance . An action plan should be created with a date to be completed and responsible person.

Cleaning and Decontamination

- A cleaning schedule should be available which covers all rooms in the practice.
- There should be clear instructions regarding :
 - Who is responsible for cleaning, e.g. Nursing , staff, domestics , maintenance
 - What should the product be cleaned with.
 - How often, weekly monthly, daily tasks.
- A signed log should be available for staff to sign to show that the task has been completed.
- Labels on reusable equipment will show that the item is cleaned.

Other issues seen during IPC visits

- **Posters** – Minimalize the amount of posters on the walls as this gives a cluttered affect. Consider the use of a folder to store information in each room, leaving only urgent essential information
- **Couches** – When purchasing couches. Purchase couches that can be cleaned with Chlorine based product, no wood , no draws.
- **Sinks** - Sinks have been seen in the rooms. We should not be rinsing items in these sinks and at next refurbishment consider removing sinks. Leaving only the hand hygiene sink.
- **Toys** - Washable – cleaning schedule in place to clean after use.

Other issues seen during IPC visits

Dirty Utility- There should be a separate dirty utility room for storage of disposable items, service returns, e.g. sharps bins, sterile instruments awaiting for collection, urine testing.

- A slop hopper for the disposing of body fluids, contaminated water.
- A separate hand hygiene sink and personal protective equipment must be available.
- A separate cleaners room is recommended, but if the dirty utility is used, it needs to be large enough to have clear clean and dirty segregation.
- No clean items, mugs etc. should be in the dirty Utility room.

Hand Hygiene

- HTM Compliant, stand alone and be free from clutter and inappropriate Items.
- Wall mounted Liquid soap, and paper towels should be adjacent and a lidded household bin should be in close proximity.
- Alcohol hand rub should be available at the of point of care, away from the sink.

Time for a spring Clean

In preparation to visit.

- Declutter rooms, cupboards.
- Review schedules.
- Ensure all you evidence is up to date and available.
- Be an Inspector your self.



Any Questions ?



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