

AUDIT SUMMARY FEEDBACK REPORT

for Sunflowers Care Ltd

Audit Title: Infection Control Audit
Auditor: Lucy Andrews
Date: 1st February 2016 - 31st January 2017
Standard Audited: Local & national infection control standards (ICNA)
% Score of compliance: Compliant with standards 85% or above

Level of Compliance: Average 96% compliance

Introduction, Aims and Objectives

The key reason for carrying out this audit was to comply with the requirements of Sunflowers Infection control policy (and related policies and procedures) in relation to auditing of infection control practices. Sunflowers also recognise that an audit will help to identify areas of concern as well as areas where good practice can be shared. It will also ensure that all staff involved in infection control are aware of the relevant requirements and ensure efficiency, professionalism and cost effectiveness in all infection control processes and procedures.

The aim of this audit is to ensure compliance with the relevant national, regional, professional and local infection control standards.

The objectives of this audit are:

1. To give evidence based assurance that infection control standards and best practice is being carried out at Sunflowers
2. To identify any areas of concern within infection control practices
3. To ensure a consistent approach to infection control
4. To highlight areas of good practice
5. To identify areas of concern and develop an action plan to resolve these issues
6. To identify gaps or areas for future training

Standards for this audit were derived from relevant national, regional and professional guidelines:

- Infection Control Nurses Association (ICNA) Monitoring infection control standards
- Guidelines for Preventing Hospital Acquired Infections Standard Principles (EPIC 2000)
- Winning Ways Working Together to Reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer (DH 2003)
- NHS National Patient Safety Agency. Patient Safety Alert 2004

Results

A clinical audit tool was devised based upon infection control standards. Infection control practices were audited in 9 different areas; Kitchen, Environment, Waste Disposal, Linen Handling, Sharps Handling and Disposal, Decontamination, Hand Hygiene, Clinical Practices, Management of infections and outbreaks.

A copy of the audit tool is attached. Infection control practices were audited on a week day.

Compliance with the audit standards was very high. All clinical practices observed during the audit reflect infection control guidelines and reduce the risk of infection in clients, whilst providing protection to staff. All equipment that was used and the surrounding environment is decontaminated appropriately to negate risk of cross infection. All cleaning was documented appropriately and a through record kept. In addition the audit demonstrated that all waste is disposed of safely, without risk of contamination or injury.

Summary of areas requiring improvement

Areas of infection control which require improvement:

- Freezer thermometers not working effectively – 2 new thermometers ordered
- Freezer in staff room door broken – needs replacing
- No expiry dates visible in alcohol hand gel
- Weekly laundering considered for wet sling in bathroom
- COSHH cupboard unlocked – new key pad for cupboard purchased
- Infection control link person has recently left the post New team member identified for this link role

Recommendations for action

1. Present audit findings and conclusions at next Staff Meeting
2. Communicate with all staff with regards to environmental/cleaning areas for improvement such as new freezer thermometers, reason for COSHH cupboard key pad
3. Discuss with the infection control lead the mechanisms in place for the control and management of infection outbreaks ensuring the relevant policies are available
4. Review to the Infection Control Policy
5. Re-audit to be undertaken within three months

Time frame for completion of actions:

All actions to be completed within three months – by May 2016.

Detailed Audit Results

Area	Infection Control Standards	Infection Control Standards (%)
Kitchen	Kitchens are maintained properly and food handled safely to negate the risk of cross contamination	86%
Environment (including Bedrooms, Staff Rooms)	The area is maintained appropriately to negate the risk of cross infection	100%
Waste Disposal	All waste is disposed safely without the risk of contamination or injury	100%
Linen Handling	All linen is handled appropriately to prevent cross infection	100%
Sharps Handling and Disposal	All sharps are handled safely to negate the risk of sharps injury	89%
Decontamination	Equipment and environment are decontaminated appropriately to negate the risk of cross infection	100%
Hand Hygiene	Hands are decontaminated appropriately to reduce the risk of infection	100%
Clinical Practices	Clinical practices reflect infection control guidelines and reduce the risk of infection in clients whilst providing protection to staff	100%
Management of infections and outbreaks	Mechanisms are in place for the surveillance, recognition, control and management of infection and outbreaks	89%