# The national specifications for cleanliness:

## Guidance on setting and measuring performance outcomes in **care homes**

# Contents

# Executive summary

Good infection prevention and control are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone.

Since 2001 for hospitals, and 2009 for ambulance trusts, a national specification for cleanliness has been available. These non-mandatory documents are designed to assist providers in ensuring their cleaning services address infection risks and provide a cleaning service which meets the required standards. They have been widely adopted – either in full or in principle.

This version has been produced to assist care homes. Nothing contained within this document is mandatory, and individual providers will need to take a view on the extent to which they should be applied.

In developing these specifications, regard has been had at all times for the principle of 'proportionality' – which recognises that care homes aim to provide a place where people feel at home and furthermore that in some cases the specific aim will be to support people to be independent in a homely environment, and to have a choice over their daily life. Arrangements to keep the environment clean must therefore take this into account.

# Purpose of these specifications

Under the *Health and Social Care Act 2008*, from October 2010 the Government has introduced a new registration framework for all providers of regulated activities in adult social care in England. The registration framework will provide independent assurance of the safety and quality of care and providers will need to register with the CQC and meet essential levels of safety and quality. These essential levels, described as "registration requirements" are set out in the *Health and Social Care Act (Registration Requirements) Regulations 2009.*

Providers of adult social care will need to comply with Regulation 12, Cleanliness and Infection Control. Regulation 12 states:-

12    **(1)** The registered person must, so far as reasonably practicable, ensure that —
     **(a)** service users;
     **(b)** persons employed for the purpose of the carrying on of the regulated activity; and
     **(c)** others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity,
are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).

**(2)** The means referred to in paragraph (1) are —
     **(a)** the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection;
     **(b)** where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection; and
     **(c)** the maintenance of appropriate standards of cleanliness and hygiene in relation to —
          **(i)** premises occupied for the purpose of carrying on the regulated activity,
          **(ii)** equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and
          **(iii)** materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection.

# Purpose of these specifications (continued)

Additionally the Department of Health have produced Guidance for Compliance to meet the regulation, in the Code of Practice on the prevention and control of infections. The Code of Practice includes under Criterion 2 a requirement to:-

> Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Ultimately it is a matter for individual care providers to determine precisely how they will meet this requirement. That said, there are underlying principles which should be met at all times including, but not limited to, the need to have clear arrangements for the assessment of infection risk, clear arrangements which set out individual responsibilities for cleaning, and policies on how to clean all areas of the environment, fixtures and fittings and what products to use. Specifically, the Code of Practice requires that such a policy should cover:-

- How to clean the different areas of the environment, fixtures, fittings and specialist equipment (e.g. a hoist);
- What products and equipment to use when cleaning;
- What to do and what products to use if there is a spillage of blood or bodily fluids; and
- What training staff need to implement the policy.

The Code of Practice recognises, however, that where service users are responsible for cleaning their own rooms, this does not need to be included, although it could be part of their individual plan to help them know how to clean their room and what to use.

These specifications therefore aim to set out a process, through which the above requirements can be delivered, in such a way as to ensure that infection control and cleaning arrangements are coordinated but are not unnecessarily onerous or detailed.

If followed, the principles set out in these specifications will provide evidence of how infection risk has been considered and taken into consideration when determining cleaning arrangements. As previously noted, the precise extent to which these principles are adopted will be a matter for local determination.

# How to use the national specifications

This document aims to provide a toolkit for care home owners and managers. It comprises a number of annexes which, if followed, will allow care home owners and managers to put in place clear policies and arrangements to ensure that cleaning services deliver the required standards. The specifications comprise a table of the annexes; a brief description of their purpose and, where appropriate, examples of completed annexes.

Advice on cleanliness can be obtained from the CIPCN.

The specifications are, in part and of necessity, technical in nature, but once put in place should not prove onerous. The following table gives a list of each annex and its purpose. Where appropriate, an example has been provided to show clearly the type of documentation it is recommended is produced.

It is also important to note that, although each organisation is recommended to produce their own specifications based on the principles, these specifications do not set out what any inspections relating to cleanliness and/or infection control carried out by the CQC will focus on. The CQC will expect to see clean premises, where all possible steps have been taken to ensure the risks associated with infections are at a minimum. These specifications set out a process to achieve this, by having clear policies and procedures and evidence.

Where cleaning of particular areas (e.g.food preparation areas) is already covered by existing legislation or regulations, then such legislation/regulations will take precedence over anything contained within these specifications.

# Table of annexes

| Annex | Subject | Purpose | Resource |
|-------|---------|---------|----------|
| 1 | Cleaning Plan | Development of a general local policy setting out the strategy to be adopted to ensure the cleanliness of the premises meets required standards | A specimen cleaning plan which can act as a guide |
| 2 | Identification of functional areas and elements | To ensure all areas and key items which require cleaning are identified and listed | See annexes 4, 6 and 7 |
| 3 | Risk assessment | To ensure that the degree of risk associated with identified functional areas and elements is identified | See annex 5 |
| 4 | Cleaning standard | To set a required standard of cleanliness for each element – KEY AND NON-KEY | Template element/ standard schedule |
| 5 | Cleaning frequency | To identify the frequency with which areas/ elements need to be cleaned to consistently meet  the required standard | Template frequency schedule |

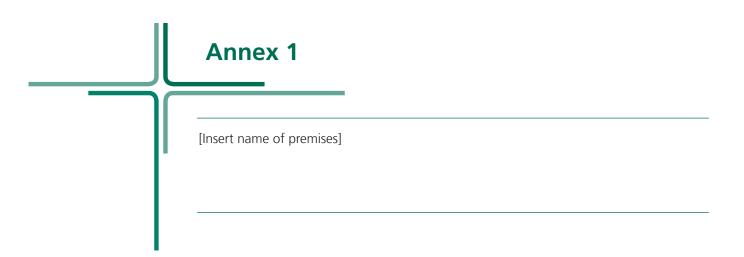| Appendix | Subject | Purpose | Resource |
|---|---|---|---|
| 6 | Cleaning responsibility | To ensure all cleaning tasks are allocated to the appropriate group/individual | Template responsibility list |
| 7 | Routine and Managerial Audit | The regular process through which cleaning services are checked for efficacy | Interactive audit template (downloadable) |
| 8 | Timeframe for rectification of problems | Identification of the acceptable period between discovery of a cleaning related problem and its resolution | |
| 9 | Colour coding | A recommended process for the colour coding of equipment and materials used in the delivery of cleaning services to reduce the risks of cross-infection | Recommended coding |
| 10 | References and useful sources of information | Other help, advice and information which is available | |

# Annex 1

## Cleaning Plan

Setting out clear local policies and arrangements is best achieved through the production of a cleaning plan. This will also help providers meet the The Care Quality Commission's requirements in terms of documentary evidence around the provision of cleaning services, and the legislative requirements of the code of practice.

There is no national standard for a cleaning plan, and it is for each provider to produce their own. However, this annex provides an example which can act as a guide.

In order to ensure timely and effective action, local standards and policies should clearly set out the range and scope of work to be undertaken. These should stipulate:
• the standards to be achieved;
• the clear allocation of responsibility for cleaning all areas of, and items within, the premises;
• the person in overall charge of cleaning (usually the Registered Manager);
• cleaning schedules and frequencies;
• the systems to be used to measure outcomes;
• the reports required and the people who should receive them;
• operational and training policies and procedures, including how the provider will ensure all staff receive appropriate training prior to being allocated to specific cleaning tasks;
• the risk assessment protocols;
• how cleaning services operations and controls dovetail with arrangements for infection control, including training for all cleaning service staff in infection control policies and procedures.

# Annex 1

[Insert name of premises]

# Specimen Cleaning Plan

| Version | Approved by | Date |
|---------|-------------|------|
|         |             |      |
|         |             |      |

# Annex 1

## Contents

Introduction

Aims of this cleaning plan

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## 1. Introduction

The cleanliness of any environment – including for adult social care - is important to support infection prevention and control and ensure service user confidence. Cleaning staff play an important role in improving the quality of the care environment.

## 2. Aim of this cleaning plan

The aim of this cleaning plan is to demonstrate how the requirement to provide a clean and appropriate environment that facilitates the prevention and control of infection will be met.

## 3. Objectives of this cleaning plan

The objectives of this cleaning plan are:
• To identify the cleaning requirements of the facilities
• To set out and implement a plan that meets those cleaning requirements
• To identify and allocate responsibilities and resources efficiently and effectively
• To set out and implement a process by which this organisation can monitor progress
• To ensure that the standards of cleanliness achieved meet the expectations of
  the public

## 4. Cleanliness working group

In order to focus on the delivery of the national cleaning standards a cleanliness group was established within the organisation. This group has the specific objective of implementing the National Specifications for Cleanliness within the organisations.

**Membership** (suggested – to be determined locally)
• Registered manager
• Cleaning Manager (where not the above)
• A member of staff with expertise in infection control where possible
• Cleaner

**Terms of reference**
• To take ownership of the standards of cleanliness within the organisation
• To develop and maintain the cleaning plan
• To be responsible for maintaining acceptable standards of cleanliness and to
  produce reports on performance against standards
• To ensure failures in the provision of cleaning services are swiftly rectified
• To ensure cleaning staff receive training in the appropriate cleaning processes and
  equipment and in the importance of infection control, and that training needs are
  regularly reviewed and additional/remedial training provided

# Annex 1

## 5. Cleaning resources

The following cleaning resources have been allocated (add name of cleaner(s) and times of cleaning)

|  | Mon | Tues | Wed | Thur | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

## 6. Principles

The key principles which underpin this cleaning plan are:-

**Clarity for all staff undertaking cleaning activities**

The clarity of cleanliness standards is of paramount importance. It is essential that all staff undertaking cleaning activities have a clear understanding of the specifications and task requirements, to ensure they are working towards and assessing the same cleanliness outcomes. The standards are to be realistic and achievable and staff must be able to carry out their jobs safely and in a controlled environment.

**Infection control**

To ensure that the risk of infection is minimised through:
• Setting out clear arrangements, following advice from infection control professionals, for ensuring the premises are clean and safe.

**Monitoring and performance**

To ensure high standards of comfort and cleanliness and that any variation is recognised and corrected through:
• Setting targets that measure performance over a range of factors;
• Establishing management systems that support continuous improvement; and
• Involving managers and supervisors in maintaining standards.

**Resources**

To ensure that the appropriate levels of resource, which are essential in delivering and maintaining the cleaning standards, are provided. This includes ensuring sufficient trained staff are always available; and that effective and efficient methods and equipment which is fit for purpose is used.

**Documentation**

Documentation should be available to ensure that operational and strategic needs are met in terms of the cleaning standards and will be achieved through:

- an up-to-date cleaning manual that gives written guidance on how to complete each task;[1]
- comprehensive risk assessments undertaken to ensure working methods and staff are as safe as possible;
- if appropriate staff rota systems to ensure appropriately trained staff are available and deployed as necessary; (not likely to be required in small care homes)
- Policies that involve cleaning service providers in future developments or changes e.g. when purchasing new equipment.

**Identifying risk**

Ensuring that the healthcare associated infection risks involved in provision of cleaning services have been assessed and built in to the provision of cleaning services.

## 7. Supporting documentation

This cleaning plan is supported by further documentation which:-

- details the risk assessment process undertaken;
- details the areas and elements (items) which require cleaning;
- sets out the required standard of cleanliness for each element;
- sets out the frequency with which cleaning will be undertaken;
- sets out the member of staff responsible for cleaning each item; and
- details the audit process to be followed;
- provides advice on cleaning methods (it is recommended that the *Revised Healthcare Cleaning Manual* be used for this purpose – available from **http://www.nrls.npsa.nhs.uk/cleaningspecificationcarehomes**)

## 8. Review

This Plan will be subject to at least annual review and update through the cleanliness group.

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[1] Content should be derived from the Revised Healthcare Cleaning Manual available to download freely from **www.npsa.nhs.uk/cleaning**

# Annex 2

## Identification of functional areas and key elements

One of the key steps in producing a local version of this document is the identification and cataloguing of the rooms which comprise the premises e.g. lounge, kitchen (known as 'Functional Areas') and the items in these areas which require cleaning (known as 'Elements'). These elements are split into two categories – key and non-key with the Key elements forming the basis of the audit. Non-key elements should be recorded either within the same template or a separate one in order to ensure no items requiring cleaning are overlooked.

To assist in this process, a list of 33 elements identified as key is provided in this annex. Local decisions will need to be taken on whether to use this list or to create a version specific to the premises. Addition of non-key elements will also need to be addressed locally depending on the items present and requiring cleaning.

| Functional areas | Elements |
|---|---|
| e.g. lounge, bedroom, kitchen; | 01 Commodes<br>02 Hoists, weighing scales, manual handling equipment<br>03 Medical equipment and associated stands, e.g. nebulisers, glucose monitors, feed pumps, drip stands, oxygen cylinders and stands<br>04 Washbowls<br>05 Fans |
| | 06 Drugs trolley<br>07 Personal items e.g. ornaments, pictures, mirrors, books, cards, clothing (including shared mirrors and pictures in common areas)<br>08 Linen trolley , personal laundry bags, washing machine |
| | 09 Switches, sockets and data points<br>10 Walls and ceilings, including ventilation grilles<br>11 Doors and internal glazing, including glass door panels and partitions<br>12 All external glazing<br>13 Radiators |
| | 14 Floor - hard<br>15 Floor - soft |

| Functional areas | Elements |
| --- | --- |
|  | 16 Electrical items, e.g. television sets, radios, computers, kettles, telephones<br>17 Cleaning equipment |
|  | 18 High and Low surfaces<br>19 Chairs, including wheelchairs<br>20 Beds<br>21 Tables and other furniture<br>22 Hand wash containers, paper towel holders and alcohol rub dispensers<br>23 Waste receptacles<br>24 Curtains and blinds, including net curtains |
|  | 25 Dishwashers, fridges and freezers<br>26 Kitchen cupboards, wall fittings and work surfaces<br>27 Ovens, steamers, deep fat fryers, microwaves and other kitchen equipment<br>28 Kitchen servery, including bains marie, hot trolleys, cold trolleys, and serving utensils |
|  | 29 Showers, baths and sinks<br>30 Toilets and bidets<br>31 Replenishment |
|  | 32 Flower vases, including artificial floral displays<br>33 Pet bedding, baskets, cages, litter and feeding bowls |

# Annex 3

## Risk assessment

Once the Functional Areas have been identified, an assessment of the degree of risk to be allocated to each area should be made. It is recommended that this be based on three risk categories:-

## High risk functional areas

**Required service level**

Consistently high cleaning standards must be maintained. Required outcomes will only be achieved through intensive and frequent cleaning.

## Medium risk functional areas

**Required service level**

In these areas, high standards are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between.

## Low-risk functional areas

**Required service level**

In these areas, high standards are required for aesthetic and, to a lesser extent, hygiene reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in-between.

This is an important step since the element of risk should then be used to determine the frequency with which cleaning should take place within areas and/or for elements.

For example, if a Functional Area is designated as very high risk, then it is likely cleaning will need to be undertaken more frequently that it would be in an area designated medium risk.

Local decisions will also need to be made on whether all elements within a Functional Area receive the same frequency of cleaning, or whether particular elements should be cleaned more often – e.g. in a very high risk area it may be determined that walls/floors need only be cleaned daily whereas 'high touch' elements or items which come into contact with service users should be cleaned three times each day. Note that these are examples only.

The results of this process should be carried forward to annex 5.

# Annex 4

## Cleaning standards

Once the steps identified above have been carried out, decisions should be made on the standards expected from the cleaning services. These should be clear and unambiguous so that those delivering cleaning services know exactly what is required of them.

The results of this, and the process described in annex 2 for the identification of elements, should then be listed on a template which shows for each element requiring cleaning the standard required – see the following specimen. For ease it may be best two produce two such documents, one for key elements and one for non-key elements.

## Cleaning standards – Direct contact

| Element | Standard |
|---------|----------|
| 01 Commodes | All parts including underneath should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. |
| 02 Hoists, weighing scales, manual handling equipment | As above |
| 03 Medical equipment and associated stands, e.g. nebulisers, glucose monitors, feed pumps, drip stands, oxygen cylinders and stands | As above |
| 04 Washbowls | Washbowls should be decontaminated appropriately if shared between residents and should be stored clean, dry and inverted. Badly scratched bowls should be replaced. |
| 05 Fans | All parts including the blades/fins and the underside should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. |

# Annex 4

## Close contact

| Element | Standard |
|---------|----------|
| 06 Drugs trolley | All parts including underneath and inside of the notes trolley should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. |
| 07 Service user personal items e.g. ornaments, pictures, mirrors, books, cards, clothing (including shared mirrors and pictures in common areas) | Items should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Loose items such as clothing should be stored away in wardrobes. Mirrors should be visibly clean and smear-free with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. |
| 08 Linen trolley , personal laundry bags, washing machine | All parts including underneath of the linen trolley should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Bags should be laundered between uses and be free of blood and bodily substances, dirt, dust, debris, spillages and stains. The washing machine should be free of lint build up, and all parts, including underneath, rims and edges, should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. |

## Fixed assets

| Element | Standard |
|---------|----------|
| 09  Switches, sockets and data points | All wall fixtures e.g. switches, sockets and data points should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. |
| 10  Walls and ceilings, including ventilation grilles | All wall and ceiling surfaces including skirting should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. The external part of the ventilation grille should be visibly clean with no blood and body substances, dust, dirt, debris or cobwebs. |
| 11  Doors and internal glazing, including glass door panels and partitions | All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape or spillages. All internal glazed surfaces should be visibly clean and smear-free with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. They should have a uniform shiny appearance. Door handles and push plates should be visibly clean and free of blood or body substances, dust, dirt, debris, adhesive tape or spillages. |
| 12  All external glazing | All external glazed surfaces should be clean. |
| 13  Radiators | All part of the radiator (including between panels) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. |

# Annex 4

## Floors

| Element | Standard |
|---------|----------|
| 14  Floor - hard | The complete floor including all edges, corners and main floor spaces should be visibly clean with no blood and body substances, dust, dirt, debris, spillages or scuff marks. |
| 15  Floor - soft | The complete floor including all edges and corners should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks. |

## Other Assets

| Element | Standard |
|---------|----------|
| 16  Electrical items, e.g. television sets, radios, computers, kettles, telephones | The casing of electrical items should be visibly clean with no blood and body substances, dust, dirt, debris or adhesive tape.  Leads and cables should be visibly clean with no blood and body substances, dust, dirt, debris or adhesive tape. |
| 17  Cleaning equipment | Cleaning equipment should be visibly clean with no blood and body substances, dust, dirt, debris or moisture. |

## Furnishings and fixtures

| Element | Standard |
|---|---|
| 18  High and Low surfaces | All surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. |
| 19  Chairs, including wheelchairs | All parts of the chair should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages. Moving parts should be free of large accumulations of lubricant, and metal components should be free of rust. |
| 20  Beds | All parts of the bed (including mattress, bed frame, wheels and castors) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. |
| 21  Tables and other furniture | All parts of the furniture (including wheels, castors and underneath) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages. |
| 22  Hand wash containers, paper towel holders and alcohol rub dispensers | All part of the surfaces of hand wash and paper towel containers, should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. All part of the surfaces of hand hygiene alcohol rub dispensers should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. Dispensers should be kept stocked. |

# Annex 4

## Furnishings and fixtures (continued)

| Element | Standard |
|---|---|
| 23 Waste receptacles | The waste receptacle should be visibly clean including lid and pedal with no blood and body substances, dust, dirt, debris, stains or spillages. Receptacles should not be overflowing with refuse. |
| 24 Curtains and blinds, including net curtains | Curtains, blinds and nets should be visibly clean with no blood and body substances, dust, dirt, debris, stains or spillages. |

## Kitchen fixtures and appliances

| Element | Standard |
|---|---|
| 25  Dishwashers, fridges and freezers | Dishwashers should be visibly clean with no dust, dirt, debris, stains, spillages or food debris. Fridges and freezers should be visibly clean with no blood and body substances, dust, dirt, debris, spillages, food debris or build up of ice. |
| 26  Kitchen cupboards, wall fittings and work surfaces | Kitchen cupboards and work surfaces should be visibly clean with no dust, dirt, debris, stains, spillages or food debris. |
|  | All pest control devices should be free from dead insects, animals or birds and be visibly clean. |
| 27  Ovens, steamers, deep fat fryers, microwaves and other kitchen equipment | All surfaces, including undersides and rims, should be visibly clean with no dust, dirt, debris, spillages or food debris. There should be no build-up of greasy deposits or of burnt foodstuffs. |
| 28  Kitchen servery, including bains marie, hot trolleys, cold trolleys, and serving utensils | All surfaces, including undersides and rims, should be visibly clean with no dust, dirt, debris, spillages or food debris. There should be no build-up of greasy deposits or of burnt foodstuffs. Utensils should be made of non-porous materials and should be visibly clean with no blood and body substances, dust, dirt, debris, spillages or food debris. |

# Annex 4

## Toilets, sinks, wash hand basins and bathroom fixtures

| Element | Standard |
|---------|----------|
| 29  Showers, baths and sinks | The shower, and any fittings, e.g. wall-attached shower chair, should be visibly clean with no blood and body substances, scum, dust, lime scale, stains, deposit or smears. The sink and wall-attached dispensers should be visibly clean with no blood and body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow should be free from build-up. The bath should be visibly clean with no blood and body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow should be free from build-up. |
| 30  Toilets and bidets | The toilet and bidet should be visibly clean with no blood and body substances, scum, dust, lime scale, stains, deposit or smears. |
| 31  Replenishment | There should be plenty of all consumables and soap in all dispensers. |

## Other

| Element | Standard |
|---|---|
| 32 Flower vases, including artificial floral displays | All surfaces, including undersides, should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. Vases should be free of green staining, and water should smell fresh. |
| 33 Pet bedding, baskets, cages, litter and feeding bowls | All surfaces, including undersides, should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. There should be no build-up of fur, feathers or food. Litter trays should be supplied with fresh unused litter. |

# Annex 5

## Cleaning frequencies

Once areas and elements have been identified, and the required standard determined, it will then be necessary to determine the frequency with which cleaning needs to happen in order to reach and maintain the required standard.

Discussions with cleaning service providers suggest that, whilst it is important that healthcare providers locally produce a cleaning frequency schedule, a single national version is inappropriate since it cannot meet every provider's needs. It would also stifle the ability to allocate cleaning resources where they are most needed. Nonetheless, it is important that providers have locally determined cleaning frequencies to meet the requirements of the code of practice and to identify the resources needed to keep the premises clean, and therefore demonstrate to the Care Quality Commission that sufficient resources are being allocated. The precise allocation of resources, and the actual frequency of cleaning, varies according to locally determined need.

This annex therefore includes suggested cleaning frequencies, recognising that it will be for individual providers to determine the precise frequencies that best meet their own identified needs. However, it is recommended good practice that the frequencies take into account the identified risk associated with the area/element in question. The following gives an example:

**Category 1 - Low** - Elements with which service users and the public have little or no direct contact and which are unlikely to act as reservoirs of infection (may include e.g. mirrors, internal glass, fridges, microwaves).

**Category 2 - Medium** - Elements with which service users and the public normally have a moderate degree of direct contact and which are unlikely to act as reservoirs of infection (may include e.g. high and low surfaces, chairs, curtains).

**Category 3 - High** - Elements with which service users and the public have extensive and frequent contact or which are certain to act as reservoirs of infection (may include e.g. toilets, commodes, medical equipment attached to a patient).

## Specimen cleaning frequencies

| Element | Minimum cleaning frequency | |
|---|---|---|
| | **High-risk** | **Moderate-risk** |
| 01 Commodes | Clean contact points after each use<br>One full clean daily | Clean contact points after each use<br>One full clean daily |
| 02 Hoists, weighing scales, manual handling equipment | Clean contact points after each use | Clean contact points after each use |
| 03 Medical equipment and associated stands, e.g. nebulisers, glucose monitors, feed pumps, drip stands, oxygen cylinders and stands | One full clean daily and between each use | One full clean daily and between each use |
| 04 Washbowls | One full clean daily and between each use | One full clean daily and between each use |
| 05 Fans | One full clean daily<br>One full clean monthly | Case daily<br>One full clean quarterly |
| 06 Drugs trolley | One full clean weekly | One full clean weekly |
| 07 Personal items e.g. ornaments, pictures, mirrors, books, cards (including shared mirrors and pictures in common areas | One full clean daily | One full clean daily |
| 08 Linen trolley, personal laundry bags, washing machine | Contact point clean daily<br>One full clean weekly | Contact points daily<br>One full clean weekly |

# Annex 5

## Specimen cleaning frequencies (continued)

| Element | Minimum cleaning frequency | |
|---|---|---|
| | **High-risk** | **Moderate-risk** |
| 09 Switches, sockets & data points | One full clean daily | One full clean weekly |
| 10 Walls and ceilngs including ventilation grilles | One check clean daily<br>One full clean weekly (dust only)<br>One full washing yearly | Check clean weekly<br>Dust monthly<br>Washing yearly |
| 11 Doors and internal glazing, including glass door panels and partitions | One full clean daily | One full clean daily |
| 12 All external glazing | One full clean every three months | One full clean every three months |
| 13 Radiators | One full clean daily | One full clean daily |
| 14 Floor – hard | Dust removal one full clean daily and one check clean daily<br>Wet mop one full clean daily and one check clean daily<br>Machine clean weekly | Dust removal daily<br>Wet mop daily<br>Machine clean monthly |
| 15 Floor - soft | One full clean daily and one check clean daily<br>Shampoo six-monthly | One full clean daily<br>Shampoo 12-monthly |
| 16 Electrical items, e.g. television sets, radios, computers, kettles, telephones | Dust removal one full clean daily<br>Full clean monthly | Dust removal one full clean daily<br>Full clean monthly |
| 17 Cleaning equipment | Full clean after each use | Full clean after each use |

| Element | Minimum cleaning frequency | |
|---|---|---|
| | **High-risk** | **Moderate-risk** |
| 18 High and low surfaces | Low: One full clean daily and one check clean daily High: One full clean weekly and one check clean weekly | Low: One full clean daily High: One full clean weekly |
| 19 Chairs, including wheelchairs | One full clean daily and one check clean daily | One full clean daily |
| 20 Beds | Frame daily Under weekly Whole on discharge | Frame daily Under weekly Whole on discharge |
| 21 Tables and other furniture | One full clean daily and two check clean daily | One full clean daily |
| 22 Hand wash containers, paper towel holders and alcohol rub dispensers | Daily | Daily |
| 23 Waste receptacles | One full clean daily and one check clean daily Deep clean weekly | One full clean daily One deep clean weekly |
| 24 Curtains and blinds, including net curtains | Cleaned, changed or replaced yearly | Clean change or replace yearly |
| 25 Dishwasher, fridges and freezers | One full clean daily and two check clean daily | One full clean daily |
| 26 Kitchen cupboards, wall fittings and work surfaces | Full clean after use. One full clean of cupboards and shelving weekly | Full clean of surfaces after use. One full clean of cupboards and shelving monthly |

# Annex 5

## Specimen cleaning frequencies (continued)

| Element | Minimum cleaning frequency | |
| --- | --- | --- |
| | **High-risk** | **Moderate-risk** |
| 27 Ovens, steamers, deep fat fryers, microwaves and other kitchen equipment | One full clean daily and two check cleans daily Periodic deep cleans as per manufacturer's instructions | One full clean daily Periodic deep cleans as per manufacturer's instructions |
| 28 Kitchen servery, including bains marie, hot trolleys, cold trolleys, and serving utensils | Full clean after use Periodic deep cleans as per manufacturer's instructions | Full clean after use Periodic deep cleans as per manufacturer's instructions |
| 29 Sinks, showers and baths | Sinks: Two full cleans daily and one check clean daily Showers and baths: One full clean daily and one check clean daily | One full clean daily |
| 30 Toilets & bidets | Two full cleans daily and one check clean daily | One full clean daily |
| 31 Replenishment | Three times daily | Once daily |
| 32 Flower vases, including artificial floral displays | One full clean daily | One full clean weekly |
| 33 Pet bedding, baskets, cages, litter and feeding bowls | One full clean daily | One full clean daily |
| | | |

# Annex 6

## Cleaning responsibility

The provision of care takes place in settings that vary enormously, and the range of equipment that requires cleaning will differ. It is also the case that responsibility for cleaning can also vary and this is particularly the case in adult social care setting where individuals may be responsible for cleaning their own rooms.

Experience suggests however, that without careful consideration there is increased opportunity for particular items to 'fall through the gaps'.

Whilst it recognised that this will be less of an issue for smaller premises, good practice suggests that the responsibility for cleaning particular elements/areas should be clear and unambiguous.

It is therefore recommended that a template like the one that follows, should be completed.

# Annex 6

## Cleaning responsibility (continued)

### Total cleaning responsibility framework

| Items | Time (mins) (estd) | Frequency e.g. daily/ weekly | Method (see procedures) | Staff group responsible (e.g nurse, care assistant, cleaner, kitchen staff, estates/handyman) | Comments |
|---|---|---|---|---|---|
| 01 Commodes | To be determined | After each use | (reference to section of operational procedure) | Care assistant | Clean to standard ready for re-use Thorough clean of all parts, undersides etc. |
| | To be determined | 1 x daily | (reference to section of operational procedure) | Cleaner | Clean to commence only after commode is cleaned to standard ready for re-use by care assistant |
| | | | | | |

# Annex 7

## Routine and managerial audits

Whatever the precise arrangements for the identification and delivery of cleaning services, a key aspect of this process is ensuring that there is a quality assurance process in place, and that there is regular monitoring and review to ensure that the required standards are being consistently delivered, and to facilitate a process of continuous improvement.

The frequency of such audits should be determined locally, but it is recommended that consideration be given to ensuring that the frequency considers the identified element of risk so that high risk areas/elements would be audited more frequently that others. It is also recommended that the sudit process ensures that all areas/elements are audited to a specified frequency so, for example, if there are four 'Functional Areas' each might be audited in one week so that over a four week period all areas have been audited.

The following process sets out an example of an auditing/monitoring process which providers may wish to consider. It is technical in nature, but efforts have been made to keep it as simple as possible.

An interactive spreadsheet which will allow the results of the audit process to be recorded will be available from **http://www.nrls.npsa.nhs.uk/cleaningspecificationsprimarycare**

## Process

The auditor must decide the cleanliness of each element in a room using the required cleaning standard (determined in accordance with annex 4) using acceptable (score 1) or unacceptable (score 0). Each room must be reviewed to discount elements which are not present on the audit score sheet, as not applicable.

The score sheet provides the opportunity to assign general responsibility for elements within a functional area to cleaning, nursing, care or administrative services. This is achieved by entering C (cleaning), N (nursing), CA (care) or A (administrative) in the line marked responsibility. Other designations may be applied if required. Note however that such designation is not a requirement of the system and can be excluded.

Thereafter, each element should be scored in line with the principles set out above. Where an element is assigned a score of 0 (unacceptable) then the reason for failure and an appropriate time for remedial action to be taken should be entered in the record.

Once all elements in the room have been scored, the total number of acceptable scores should be expressed as a percentage of the total possible number of 'acceptable' scores in that room. For example, if the reception area had a maximum of 10 elements, and 7 were acceptable, the overall percentage would be calculated as 7/10 or 70 per cent.

# Annex 7

The functional area score is calculated by taking an average of the individual room scores as shown in the following example:-

**Surgery – lower ground**

| | |
|---|---|
| Reception | 70% |
| Room 1 | 80% |
| Room 2 | 90% |
| TV Lounge | 100% |
| Toilet | 90% |

$$\frac{70 + 80 + 90 + 100 + 90}{5} = \textbf{86 per cent}$$

**Overall score is 86 per cent.**

Auditors need to exercise discretion in judging the acceptability of any element. For example, one or two scuff marks on a floor or an isolated smudge on a window should not indicate that the element would necessarily be scored as unacceptable.

## Managerial audits

Ultimate responsibility for ensuring that premises meet required standards of cleanliness and that the risks associated with infections have been addressed and are managed, rests not with those delivering cleaning, but with the registered manager.

Depending on who is required to undertake the routine audit, it may be appropriatre to perform additional ad hoc audits, to verify outcomes of routine audits and identify areas for improvement. Such audits should be determined locally. Where the Registered Manager undertakes the routine audit, it is unlikely further audit would be required.

## Personnel

Audits should not be the sole responsibility of the cleaning staff. The task should be shared amongst all of the relevant stakeholders in the care home and should include an individual who is considered professionally competent, to judge what is 'acceptable' in terms of cleanliness and infection prevention and control.

# Annex 8

## Timeframe for rectifying problems

It is important that there are clear arrangements for ensuring that remedial/additional cleaning can be carried out as and when required. It is also recommended good practice, that there are clear timescales for such cleaning, which take into account the degree of urgency and/or the extent to which service users, staff or visitors may be put at risk if urgent cleaning is not carried out. The table below provides example timeframes that providers may wish to use to base a local policy on.

| | Timeframe for rectifying problems |
|---|---|
| **A. Constant** <br> Cleaning critical <br> *Very high risk/high risk* | Immediately, or as soon as is practically possible. <br><br> Cleaning should be recognised as a team responsibility. If domestic or cleaning staff are not on duty, cleaning should be the responsibility of other personnel. These responsibilities should be clearly set out and understood. |
| **B. Frequent** <br> Cleaning important and requires maintaining <br> *Medium risk* | 0-3 hours for service user areas (to be rectified by daily scheduled cleaning service for non-service user areas). |
| **C. Regular** <br> Cleaning on a less frequent scheduled basis, and as required in-between cleans <br> *Low-risk* | 0-48 hours. |

# Annex 9

## Colour Coding

**Cleaning equipment**

The cleaning equipment that is regularly used should be fit for purpose, easy-to-use and well-maintained. It is imperative that each healthcare provider regularly reviews its cleaning equipment to ensure that it is fit for purpose and, importantly, can demonstrate that it has clear infection control benefits.

The following sets out suggested colour coding systems for cleaning materials. Providers should consider ensuring its equipment conforms to these.

## National colour coding scheme

**For cleaning materials and equipment in care homes**

All care homes are recommended to adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded.

### Red

Bathrooms, washrooms, showers, toilets, basins and bathroom floors

### Blue

General areas, including lounges, offices, corridors and bedrooms

### Green

Kitchen areas including satellite kitchen area and food storage areas

### Yellow

Bedrooms when someone has an infection and is cared for in their own room (isolated)

# Annex 10

## References and useful sources of information

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- *Electricity At Work Regulations Act*. 1989.

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# Annex 10

- *Towards cleaner hospitals and lower rates of infection: A summary of action*. Department of Health. 2004.
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- *A Matron's Charter: An Action Plan for Cleaner Hospitals*. Department of Health. 2004.
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- *Care Home Resource Pack* (when available). Department of Health, 2010.

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