

The Family Practice Group



12. Premises, Facilities and Equipment

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12.1 Cleaning and Maintenance Policy

12.1.1 Introduction

Ensuring Practices are clean and safe is an essential component in the provision of effective healthcare. A clean and tidy environment is an outward manifestation of the standard of Practice maintains and provides the right setting for good patient care. It is fundamental in the prevention and/or control of the spread of healthcare associated infections. Trusts

Cleanliness and infection control are closely linked in the public mind, however there are important distinctions to be made; whilst cleanliness contributes to infection control, preventing infections requires more than simple cleanliness.

Cleaning programmes should be properly focussed, effectively resourced and consistently deliver high quality services that are well regarded by the Practice's clients.

The cleaning of the Practices premises is carried out by contracted cleaners who are managed via the Brigstock Family Practice Cleaning manager.

12.1.2 Aim

A clean Practice environment is paramount to all staff and clients. Whilst this is important from an aesthetic perspective, it is also of significance with regard to the minimisation of risks, including the incidence of healthcare associated infection. There are many factors that influence the overall impression presented by the organisation, in addition to those of cleanliness and maintenance and the Practice therefore recognises its responsibilities to wider environmental issues.

Maintenance, as well as cleaning, is essential in ensuring a safe and aesthetically pleasing environment, and it is recognised that as buildings and equipment become old, they often become more difficult to keep clean.

It is stressed that all employees have a responsibility for caring for this environment. Recognising that cleanliness is everyone's responsibility the aim of the Cleaning and Maintenance Policy is to:

- Provide direction in maintaining and improving cleanliness standards in the Practice, ensuring a clean, comfortable and safe environment for clients, visitors, staff and members of the general public.
- Increase client confidence whilst using the Practice facilities in relation to environmental hygiene and the organisational commitment to reduce the incidence of healthcare associated infection.
- The opportunity to improve cleanliness standards in terms of the national standards of cleanliness and patient environment action teams.

12.1.3 Scope

The cleaning and maintenance policy embraces all cleaning activity within the Practice. This includes all general scheduled and reactive cleaning activities undertaken by cleaning contracts as well as those undertaken by other members of.

12.1.4 Responsibilities

The Responsible Individual will:

- Ensure that the Practice has an effective policy on Cleaning and Maintenance

The Registered Manager will:

- Ensure that this policy is implemented operationally and monitored as part of the Practice Governance Strategy
- Report to the Responsible Individual about Cleaning Services
- Ensure Practice cleanliness is high on the organisation's agenda
- Ensure year on year improvements in the Practice's cleanliness
- Ensure robust systems, processes and adequate resources are in place to achieve high standards of cleanliness
- Provide technical advice on cleaning agents, equipment and methodology of cleaning
- Provide appropriate infection control training

The Cleaning Manager will:

- Ensure this policy is disseminated and implemented within the Practice.
- Ensure all staff are aware of and understand the policy and that it is implemented into practice locally
- Will investigate failures to comply with the policy and ensure corrective action is taken to prevent a recurrence
- Be accountable for achieving the key objectives detailed within this policy
- Monitor compliance of this policy

All staff will:

- Adhere to the Cleaning and maintenance Policy

12.1.5 Key Objectives

1 – Taking Cleanliness Seriously

- Ensure high standards of cleanliness are maintained throughout the Practice
- Working in partnership with all staff to ensure service Level Agreements for their individual areas of activity
- Setting clear local standards (reflecting national Standards of Cleanliness guidance) and policies and
- Keeping cleanliness high on the Practice's agenda

2 – Listening to clients

- Responding to feedback from Patients, clients and visitors to the Practice
- Ensure clients receive treatment in an environment that is clean safe and welcoming

3 – Infection Control

- Develop, implement and monitor policies, protocols & procedures in partnership with the infection control policy

4 – Education and Development

- Ensure that staffs responsible for cleanliness have the ability and support to do a good job through:
 - Induction training
 - On-the-job support
 - Customer service training
 - Supervisory, managerial and leadership development training

5 – Monitoring

- Ensure that high standards of cleanliness are maintained and that any slippage is recognised and corrected through:
 - Working to the Practice's standards
 - Establish a management system that supports continuous improvement and
 - Empower staff to be involved in maintaining and monitoring cleanliness and maintenance standards

12.1.6 Cleaning Schedule and Maintenance Job List

Cleaning schedule

The Practice's cleaning services are led by a cleaning manager who has direct responsibility for all cleaning services and the cleaning schedule.

The Practice is cleaned twice a week outside of opening hours. The cleaning manager is responsible for monitoring the cleaning and providing feedback to the cleaning contractors. The cleaning manager has in place a cleaning schedule for all areas of the Practice (See appendix 33). The Cleaning Schedule sets out the cleaning services to be provided, the times and frequencies at which cleaning will take place.

At an operational level each contract cleaner employed on cleaning duties has the right level of training, the appropriate equipment, knows what needs cleaning and when and is properly supervised to ensure that the right things get done to the required standard at the required time.

Maintenance Job list

The Practice's maintenance job list is updated by all members of staff. The Responsible manager is responsible for ensuring all maintenance requirements are fulfilled in a timely fashion.

Maintenance is conducted on the Practice's premises and grounds on a continual basis as and when it becomes necessary. Some maintenance jobs by their very nature will need to be addressed urgently when staff, clients and members of the general public are put at risk. The extent of the risk is assessed using the risk assessment grading tools ([appendix 39](#)) and the appropriate action taken.

Preventative maintenance is scheduled on the shared calendar which is reviewed in the weekly meetings.

12.1.7 Cleaning Responsibilities

Reference is made to the fact that not all parts of healthcare facilities and equipment are always cleaned by the contract cleaners. Cleaning may involve the practice nurse,

receptionists, doctors and other clinicians and it is important that there is clear distinction about who is responsible for which component, including the frequency of cleaning & method of cleaning.

The cleaning schedule at Appendix 33 has been designed and agreed to help ensure that the responsibility for cleaning equipment in wards and departments is clearly identified.

12.1.8 Measuring Performance Outcomes

The monitoring of standards is central in ensuring that standards of comfort and cleanliness remain high and that the right level of feedback is provided to identify any slippage. The Practice operates a robust monitoring system after each cleaning session. All areas are monitored and an action plan is produced to correct any areas falling below the required standard of cleanliness.

12.2 Business Continuity Plan

12.2.1 Introduction

A business continuity crisis is a problem which has not overwhelmed general practice's capability to deliver health services to the community, and is therefore not a major incident, but does need action to ensure that essential services continue, and if the problem continues over time, to take actions to continue normal business.

Business continuity planning takes into account the risks to the Practice and the areas of vulnerability, and identifies which are the essential services and activities that the Practice must maintain.

The critical aspects of the Practice that are essential to the running of the Organisation is:

- a) the people that are employed – the core asset is the staff
- b) the services that are provided - health care to our clients
- c) the facilities – *Practice address*

12.2.2 Aim of the Plan

The aim of the business continuity plan is to identify, as far as possible, the actions that are necessary and the resources that are needed to enable the Practice to manage an interruption to the Practice's business, whatever the cause, and as a minimum maintain essential services. The business continuity plan addresses the effects of a crisis and the possible solutions, and provides guidance on how services can be continued.

12.2.3 Essential Services

The Practice's essential services are defined as those services needed to provide NHS PMS contracted services and Extended Access for the North Croydon Hub.

12.2.4 Business Continuity Principles

The Practice's business continuity plan is based on four principles

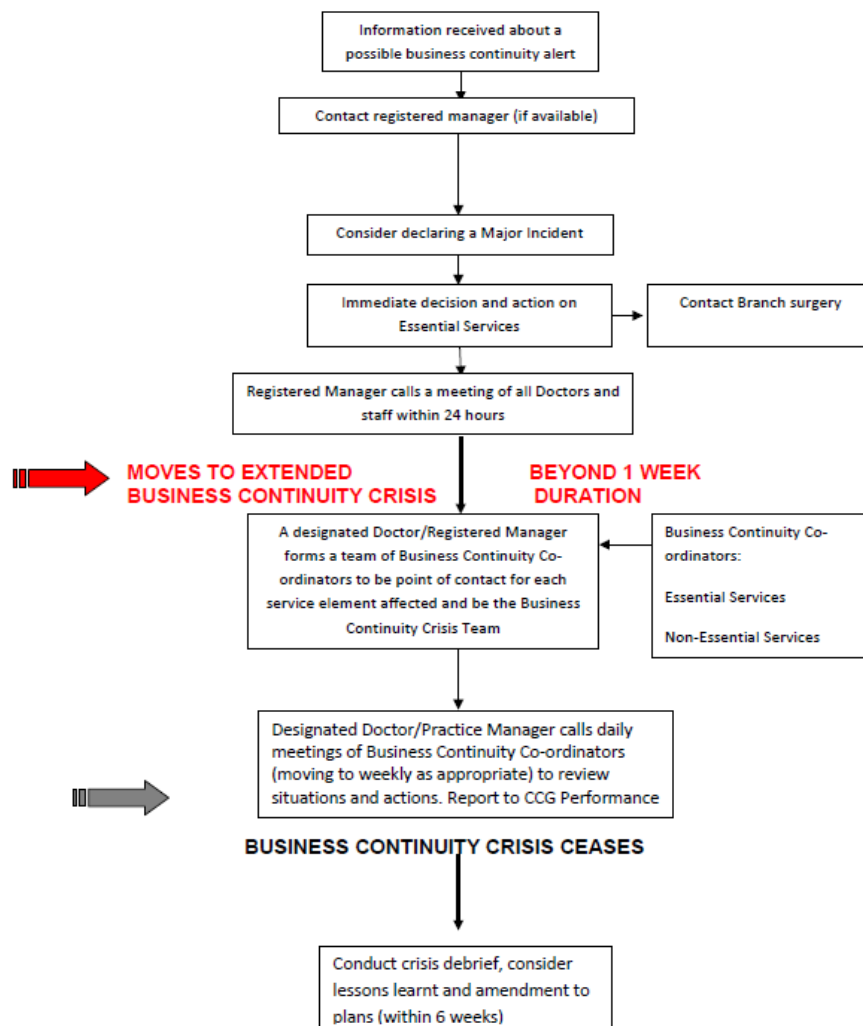
1. Immediate action must be taken in the event of a problem or crisis
2. Actions must first focus on keeping defined essential services going
3. Business continuity at the functional level is the responsibility of the designated business continuity coordinator: the Registered Manager

4. There should be no single point of dependence.

12.2.5 Business Continuity Crisis management Process

Activation of the business continuity plan may be necessary either within working hours or out of hours. Based on the principle that immediate action must be taken in the event of a problem or crisis, action will be initiated by the Registered Manager. The business continuity management process detailed below will be followed:

Business Continuity Procedure



12.2.6 Business Continuity Responsibilities

The Registered Manager will be the main Business Continuity Co-ordinator and will allocate designated staff as deputies who will be responsible for assisting them with essential and non-essential practice services.

The Business Continuity Co-ordinator, or if they are not available, their deputies, will be responsible for taking actions to continue business depending on circumstances at the time based on the information contained in the business continuity plan.

12.2.7 Business Continuity Planning Template

The Business Continuity Co-ordinator is advised to complete the following template for the staff and functions within the Practice. The Business Continuity Co-ordinator should ensure that a deputy has been identified who should ideally be the next staff member down in seniority. An additional alternate post or person can also be assigned as deputy if required (for example an on-call Doctor). The business continuity plan information should be retained at the practice and branch surgery and kept up to date and readily available.

12.2.8 Main responsibilities

Providing GP Services;
Minor Surgery
Providing long term advice reversible contraception;
Cytology (smears);
Injections
Childhood immunisations
Travel immunisations.
Extended Access to the North Croydon Hub

12.2.9 Risks identified

Complete the following local risk statement *as it applies to business continuity* in your practice.

Risk	Mitigation in place
Clinicians do not attend their scheduled clinical session for either PMS services or the Extended Access services	FPG's salaried and regular locums are to be asked to stay on and provide the cover. In addition to this PCN practices would also be asked whether their clinicians are able to provide cover. The practice manager there also has an extensive network of local clinicians who could also be called upon to provide the cover.
Medical Emergency	For full details see Appendix 138 including Pandemic, Medical Emergencies and Major incidents
Fire	Fire Warden appointed Fire alarms fitted and tested Evacuation plans in place: Appendix 41. IT data backed-up off site and back-up tapes kept in fire proof safe. Alternative location for continuation of functions: Norbury Health Centre (Tel: 020 8679 6591) and Broughton Corner Medical Centre (Tel: 020 8683 1277) Brigstock Family Practice (020 8689 7800) have agreed to act as alternative locations if required. See Appendix 139 for buddy plan Copy of Business continuity plan held on the clinic website
Flood	Turn main water supply off. Ring Thames Water Notice to inform patients cannot enter building & of alternative location: Provisionally neighbouring practice. Re-arrange appts. Consider equipment that may be damaged or at risk e.g. Computer equipment.
Electricity, Gas and Water	Main suppliers' telephone and emergency numbers and main supply and shut off valves provided in Appendix 42.
Telephones	Aware of telephone number and relevant info. Appendix 42
Access to	Contact details of Key Holders to be found in

practice/branch	Appendix 136 if staff cannot gain access to the building.
Implementation of Social Distancing measures during Pandemic	<p>Continue to closely follow the advice provided by NHS England and speciality advice relating to Covid-19 prevention methods and changes to practice.</p> <p>To facilitate this new methods of remote working will be implemented which includes the use of:</p> <ul style="list-style-type: none"> • VNC veiwers • VPN tokens • Away from my desk • AccuRx video • Microsoft Teams • EMIS Neighbourhood <p>ICO have stated that they understand that resources might be diverted away from usual compliance or information governance work and know there is a need for organisations to prioritise other areas or adapt their usual approach during this extraordinary period.</p> <p>Data protection is not a barrier to increased and different types of homeworking. During the pandemic, staff may work from home more frequently than usual and they can use their own device or communications equipment. Despite this the same kinds of security measures for homeworking used in normal circumstances are being considered to enable us to comply as closely as possible with normal Data protection laws and standards of compliance.</p> <p>Key workers have been identified and risk assessments performed to identify those members of the teams who are at high risk of becoming seriously ill following infection. Non-key workers and those identified as high risk have been asked to accept furloughed worker status and/or to stay at home.</p>

12.2.9 Checklist to provide guidance in the effects of a business continuity crisis

This checklist is not comprehensive but it aims to provide general practices with pointers to aid them in the preparation of the business continuity plans. For each of the suggestions consider the impact and resource you will need to maintain essential services.

Service Issues	Yes	No	Need to Check
Identify what services in your practice are essential, and what must be continued if there is a problem/crisis (electricity & water)	✓		
Personnel	Yes	No	Need to Check
Do you maintain an up-to date staff list (including locum/temporary staff)?	✓		
If you need support from those staff who have cars or who can drive, do they know who they are?	✓		
Do you maintain an up-to-date list of staff next-of-kin contact numbers (including locum/temporary staff)?	✓		
Have staff been trained in what action to take in the event of a problem/crisis that may facilitate not being able to continue essential services?	✓		
Have staff nominated rolls in the event of a problem/crisis? See Appendix 136 for list of Key individuals including <ol style="list-style-type: none"> 1. Fire Warden. 2. First Aider. All staff have been trained in BLS	✓		
Do staff know who will be in charge in the event of a problem/crisis? and make them aware that they may be needed to deputise for others and that they may be asked to volunteer their services. Christian will be the lead on this but if unavailable, nominated members of staff will deputise.	✓		
If you have a problem/crisis do you know the particular needs of your staff, e.g. develop an awareness of staff needs such as special needs, diet, mobility, medication, children at home.	✓		

school, home carers etc which would have to be taken in consideration			
Equipment	Yes	No	Need to Check
Do you have an asset register for all of your equipment and is there a backup of this register off-site?? Appendix 44	✓		
Have you completed a recent updated of the inventory and do you have backup of this inventory off-site?? Appendix 44	✓		
Do you backup your Practicel system daily?	✓		
Do you have your Primary Care Practice system information stored on backups that are held off site?? No longer necessary as the Practice system is a cloud based system that Emis automatically back up on our behalf		✓	
Have you had this backup validated? N/A	✓		
Do you have the latest anti-virus software installed?	✓		
Have you checked how quickly your suppliers could supply replacement services and PCs and re-install your backup? CSU will supply equipment almost immediately. In the interim alternative premises with suitable equipment will be source through our buddy system	✓		
How would you operate whilst waiting for this replacement equipment? Consider pre-preparing a manual system for recording patient information and dispensing records that could be used in the interim. Records would be accessed through a local site with an N3 connection	✓		
Do you have backups for your other software, e.g. payroll and admin records, and do you store these off site too? Records are back up and store in a fire proof safe on site	✓		
Do you know how long it would take to recover your IT systems if they were to fail? Back up tapes can record records immediately		✓	
Have you considered which essential medical			

equipment, drugs and disposables you would need to restart your business in temporary accommodation?	✓		
If your premises were unusable what other resources and equipment would you need to run essential services from temporary accommodation? Blank Lloyd George files/cards. Prescription pad. Dressings. Doctors have essentials in their medical bags.	✓		
Do you have IT security and confidentiality policies and procedures in place?	✓		
Do you maintain up-to-date contact details of the providers of your IT equipment?	✓		
Utility Services	Yes	No	Need to Check
Have you got readily available emergency telephone numbers for gas, electricity and water suppliers?	✓		
Confirm that the utility contractors have their own continuity plans and that you have lines of communication set up between you and them Emergency telephone numbers ready to hand.	✓		
Have you familiarised all your staff with the location of the mains switches and shut-off valves for gas, electricity and water?	✓		
Paper Records	Yes	No	Need to Check
Do you have essential paper documents stored in fireproof cupboards?		✓	
Do you have copies of essential files stored at a separate location?	✓		
Premises and Insurance	Yes	No	Need to Check
If you cannot get into the main surgery or branch surgery where would you ask your staff to go? (have an understanding of where staff can report in the event that their normal working location is closed) Library across the road.	✓		
Have you considered risks associated with the location of all of your equipment, e.g. water	✓		

spillage?			
Have you considered the risks due to the actions of operations of other business' near to your premises (e.g. temporary or permanent works on the road)	✓		
Do you have your insurance company's details readily available with appropriate reference number?	✓		
Do you have sufficient insurance to pay for the disruption to the practice, e.g. the cost of repairs, overtime staff pay, leasing temporary accommodation and equipment?	✓		
Do you have spare keys of the premises off-site?	✓		
Do you have site and room plans of your premises?	✓		

12.2.9 Key People

See Appendix 136 for details of Key people:

12.3 Medical Equipment and Decontamination

See Infection Control policy; 15.2 medical Devices Policy

INTRODUCTION

Family Practice Group recognises it has a responsibility for medical equipment used within the Practice.

This policy has been developed to ensure that medical equipment is acquired, stored, deployed, maintained and decommissioned in such a way that the risks inherent in its use are minimised and that its ownership represents good value for the Practice.

It aims to ensure that whenever an item of medical equipment is used, it is:

- suitable for its intended purpose
- properly understood by appropriately trained users
- maintained in a safe and reliable condition.

This policy should be read in conjunction with the Health and Safety, Incident Reporting arrangements Policy, Risk Management Policy

2. BACKGROUND

The management arrangements set out in this policy are guided by the requirements of Standards for Better Health based on details within the Controls Assurance standard and based on the recommendations of the following official publications:

- Medical Devices and Equipment Management for Hospital and Community-based organisations. (*Medical Devices Agency Device Bulletin: DB98/01, 1998*)

Management of Medical Equipment (*National Audit Office, 1999*)

12.4 Monitoring and Servicing Equipment and Supplies

12.4.1 Policy Statement

The delivery of modern aesthetic medical services depends heavily on medical equipment. The Practice recognises that the risks associated with the ownership and use of medical equipment can only be controlled by managing the whole life-cycle of the equipment. This must include:

- Identification of Practice need
- Evaluation and selection of Equipment
- Tendering and purchasing
- Training of equipment users
- Provision of appropriate infrastructure and services
- Proper storage and disposition of equipment, including equipment libraries
- Appropriate prescribing of equipment to patients and End Users²
- Repair and maintenance
- Safe and legal disposal

Several main strategies are used to maximise the effectiveness of training:

- Delivering broad training in “equipment management awareness”, including a strong emphasis on individuals avoiding use of equipment for which they have not been trained.
- Prioritising specific training to the items which present the greatest risk to patients or others.
- Staffs are advised that training updates are available on request and are encouraged to ask for refresher training as necessary.

12.4.2 Policy Effect

- Patients receive treatment using equipment and supplies that are safe and in good condition.
- Records are kept of the maintenance and servicing of all equipment.
- All stock products used in the establishment are used in date order to ensure that at the time of use they are in optimum condition and within expiry dates.
- Heat sensitive and/or light sensitive items are stored in a controlled environment to keep the items in optimum condition.

12.4.3 Roles and Responsibilities

All staff are responsible for ensuring that equipment is used and stored properly and that problems are reported in such a way that the Practice is able to learn from them. Specific responsibilities are detailed below.

Responsible Individual

The Responsible Individual has overall responsibility for the safe and effective use of medical equipment. In particular this will necessitate:

- Ensuring that there are regularly updated policies in place for medical equipment management, maintenance, decontamination and incident reporting.
- Ensuring that there are appropriate distribution and control arrangements for MHRA and other safety alerts and guidance.

Registered Managers

The Registered Managers responsibilities relating to medical equipment are:

- To ensure the safe and effective use of medical equipment by
- To ensure that equipment users are adequately trained as laid out in the supporting procedures and that training records are lodged.
- To ensure that, **before** equipment is introduced to the Practice, a risk assessment is carried out to determine the amount and type of user training required.
- Planning and oversight of maintenance schedules
- To develop appropriate contingency plans in case of equipment failure.
- Maintenance of a log book for larger items of equipment and ensuring proper records are kept for other items. Collaborating with Practiseal users and the Supplies department to carry out pre-purchase evaluation of equipment.
- Reporting incidents involving medical equipment to the MHRA.
- Maintaining a database of all equipment and its maintenance.
- Managing and operating medical equipment libraries (Equipment Pools).
- Developing, establishing and maintaining links with equipment suppliers and manufacturers in relation to training contracts accompanying procurement.
- Evaluating the quality of company equipment training
- Providing, promoting and co-ordinating medical devices and equipment training.
- Ensures all equipment conforms to current health and safety regulations and, where appropriate, there is a planned preventive maintenance and replacement programme.

All Equipment Users

It is the responsibility of all staff using medical equipment to:

- Ensure that they have received adequate training to ensure the safe and effective use of the equipment.
- Ensure that single-use devices are not re-used and that equipment and devices are not modified.
- Report faults accurately and ensuring information concerning incidents is available so that effective maintenance can be carried out
- Ensure that all equipment in use, whether purchased or loaned, has passed through proper acceptance procedures.
- Report equipment-related incidents using the appropriate Practice procedures, ensuring that the make, model and either the asset number, EMAG / equipment number or serial number of the item of equipment concerned is noted on the form.
- Clean and decontaminate all equipment as far as practicable before it leaves the Doctors/Nurses room maintenance.
- Arrange for proper procedures to be followed when equipment is decommissioned.

- Ensure Equipment is not modified unless the manufacturer's advice has been sought, and no risk has been identified.