



Commission for Patient and  
Public Involvement in Health

## MEMBERS' HANDBOOK

Cleanliness Visits  
Monitoring Visits  
Reviewing Visits

## **THE SEVEN PRINCIPLES OF PUBLIC LIFE**

### **Principles set by the Committee of Standards in Public Life**

#### **SELFLESSNESS**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

#### **INTEGRITY**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

#### **OBJECTIVITY**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

#### **ACCOUNTABILITY**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

#### **OPENNESS**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

#### **HONESTY**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

#### **LEADERSHIP**

Holders of public office should promote and support these principles by leadership and example.

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# FORWARD

## The purpose of cleanliness, monitoring and reviewing visits

Cleanliness is about more than just keeping the place clean. It makes a statement to patients and visitors about the attitudes of staff, managers and the Trust Board, in terms of:

- Attention to detail
- Level of care
- The way the hospital is organised and run

It is not possible to be a 'good' hospital without it being a clean and tidy hospital.

First impressions can be important, and the guiding question has to be:

***'Would I want to be looked after here, or would I be happy for someone I care about to be here?'***

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**The NHS Plan (2000) outlined the need to raise standards of cleanliness throughout the NHS. This has been achieved by:**

- Deployment of Patient Environment Action Teams (PEAT) – both at national and local levels
- The Patient and Public Involvement in Health Forums (PPI Forums)
- New funding from the Government and Trusts
- Inclusion of 'cleanliness' as part of the Planning and Priorities Framework
- Nomination of a Trust executive to take overall responsibility for reporting on 'cleanliness' issues to the Trust Board
- The National Standards of Cleanliness 2001 that enabled hospitals to measure 'technical' cleanliness to make comparisons between themselves
- The repositioning of 'cleanliness' issues back into the forefront of thinking in terms of overall patient experience.

## **DEFINITION OF TERMS**

The following terms have significant relevance to the way that cleanliness is achieved in healthcare premises.

### **DUST**

**Dust includes the following**

- **Dust**
- **Lint**
- **Powder**
- **Fluff**
- **Cobwebs**

### **DIRT**

**Dirt includes the following**

- **Mud**
- **Smudges**
- **Soil**
- **Graffiti**
- **Mould**
- **Fingerprints**
- **Ingrained dirt**
- **Scum**

### **DEBRIS**

**Debris includes the following**

- **Crisp packets**
- **Drinks cans + bottles**
- **Chewing gum**
- **Cigarette butts**
- **Litter**
- **Cellotape**
- **Grit**

## **Cleaning**

- A process which physically removes contamination, but does not necessarily destroy micro-organisms.
- Removes micro-organisms and the organic material on which they thrive.

## **Decontamination**

- In order to decontaminate patient equipment effectively, all organic debris – blood, tissue and body fluids – must be removed from the item prior to disinfection and/or sterilisation.
- Effective cleaning of patient equipment prior to disinfection or sterilisation is of the utmost importance in reducing the risk of transmission of infectious agents.

## **Disinfection**

- A process used to reduce the number of viable micro-organisms, but which may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores.
- Disinfection may not achieve the same reduction in microbial contamination levels as sterilisation.

## **Sterilisation**

- A process used to render an object free from micro-organisms, including viruses and bacterial spores.



## Overview & Scrutiny Committees – OSCs

Forums and OSCs have a very similar agenda, and it is recommended that Forums form a working relationship and regular communication with OSCs.

**JANUARY 2003**    **OSCs were set up in Local Authorities with social services responsibilities to:**

- **County Councils**
- **London Borough Councils**
- **Unitary Authorities**

**POWERS**    **To scrutinise health services to contribute to a wider role in health improvement and reducing health inequalities in the area.**

- ROLE**
- **To take on the scrutiny of the NHS – not just major changes, but also the ongoing operation and planning of services.**
  - **To refer contested service changes to the Secretary or State for Health.**
  - **To call upon NHS managers to give information about services and decisions.**
  - **To report their recommendations locally.**
  - **To be consulted by the NHS where there are to be major changes to health services.**



## **Primary Care Services**

Forums are recommended to build links with local practices, some of which may have established Patient Participation Groups.

Meet local representative committees, such as the Local Medical Committee (LMC) to discuss how the forum can work with them to improve primary care.

PCT Forums will be responsible for monitoring services provided by GMS practitioners:

- GPs
- Dentists
- Pharmacists
- Optometrists

## **PALS – Patient Advice and Liaison Services**

Based in all Trusts, including PCTs.

**PALS have direct contact with patients on a range of issues, particularly informal complaints.**

**The staff aims to resolve patients' concerns as quickly as possible before they become major problems, as well as providing information to patients, carers and their families about local health issues.**

**The staff put people in contact with local support groups, or the Independent Complaints Advocacy Service (ICAS).**

**Forums can recommend PALS to patients who bring individual complaints about NHS services.**

**PALS is an informal alternative to  
ICAS**

## VISITS

If a visit is to be useful, it requires careful planning, well in advance of the actual date of the visit. Concerns arising from a visit may form the basis of a campaign, work programme, or may serve as a focus for joint work with a relevant voluntary organisation or community group.

### Setting Objectives

Set clear objectives for reasons to monitor and/or review.  
Decide on what kind of visit should be planned.

- **24hr extended visit** – to monitor the service's peaks and troughs of demands – eg: Accident and Emergency Units.
- **Visits at a particular time** – to visit a particular consultant's clinic, or mealtimes on the wards.
- **Follow a patient through the system** – follow a patient's path through aspects of a clinic – waiting times, x-rays, blood testing, pathology services.
- **Survey of patients' opinions** – suitable for Outpatients and Accident and Emergency Units.
- **Unannounced visits** – when it is believed a real situation may be concealed or altered.

## Possible reasons to visit

- **Observe**
- **Listen**
- **Ask questions**
- **Give praise where due**

- **Offer suggestions for change**
- **Follow up on complaints**
- **Check if service is appropriate**
- **Check patients have access to their language**
- **Build links with the service provider**
- **Collect background information**
- **Follow up on media highlighting**
- **Check if service is culturally sensitive**
- **Check the disabled are helped on admission**
- **Promote the PPI Forums, PALS and ICAS**
- **Identify gaps or shortfall in service provision**
- **Follow up on a previous visit**
- **Check if service is physically accessible**
- **Check the learning disabled are helped on admission**
- **Check access to the service**
- **Check patients have access to information**
- **Visit as part of a survey**



## ACTIONS AND CONTACTS

Identify appropriate actions and contacts prior to a monitoring or review visit

- Call a Meeting in Public if the visits are not already on the Work Plan
- Gather appropriate information

### 1. Work Plan

Ensure the 'Inspection Visits' feature on the Work Plan, or was featured at a Public Meeting or Meeting in Public.

### 2. Joint Forum visits

Consider a Joint Forum visit if appropriate.

### 3. Notifications and notice period

Write a letter of intention to the relevant provider or providers of the service to be visited:

- |                   |                       |
|-------------------|-----------------------|
| • Hospital        | • PCT                 |
| • Ambulance Trust | • Mental Health Trust |
| • PALS            | • Other Forum/s       |

**Give at least 5 working days notice.  
Notify the PCT of the intended visit.**

### 4. Health and safety

Find out from the provider if there are any health and safety procedures to be followed.

### 5. Leaflets

Ask the provider for relevant leaflets.  
Take PPI Forum leaflets.

### 6. Private interviews

Ask if patients / carers may be approached to obtain views / comments – and whether facilities will be made available for private conversations.

- 7. Be well briefed**  
Read up on any issues or concerns affecting the service to be visited.
- 8. Reports**  
Ask for any previous reports.
- 9. Checklist**  
Prepare a checklist setting out points to look for and questions to be asked.
- 10. Nominate members to visit**  
Decide who is going on a visit – a minimum of 2. Where possible, involve service user members and think about a gender mix, race and ethnicity features.  
  
Notify the provider of all visitors' names.
- 11. Nominate a leader and note taker**  
Decide who is leading the visit. Decide who will be the note taker. If more than one note taker, agree to collate notes after the visit.
- 12. Nominate who will talk to the patients**
- 13. Arrange a pre-visit meeting place**  
Arrange to meet at least half an hour prior to the visit.
- 14. Transport**  
Decide upon transport to the visit – it might be important to use public transport to see how accessible the service is to patients.
- 15. Concerns**  
Inform the staff immediately of any urgent concerns – and notify The PCT or the relevant Trust immediately after the visit.

# THE ROLE OF THE FORUM SUPPORT ORGANISATION

## Understanding the role of the Support Organisation in setting up a visit.

The Support Organisation will:

### Meeting in Public

- Ensure that 'inspection visits' feature on the Work Plan – and, if not, arrange a Meeting in Public for the Forum to announce its intention to conduct a visit.
- If a Meeting in Public is required, set up the meeting by:
  - Advertising in the local press
  - Mail shots
- Attend the Meeting in Public.

### Make contacts

- Inform other relevant Forums – and/or set up a Joint Forum meeting.
- Write to the relevant service providers and, if possible at this time:
  - Give the names of members conducting the visit
  - The date and time of the visit

**Give 5 working days notice.  
Notify the PCT of the intended visit.**

### Gather information

- Contact PALS for relevant complaints.
- Ask for previous reports and distribute to the chosen members for the visit.



### **Checklist**

1. Ensure that visiting members have ID badges, or a letter of introduction is produced.
2. Ensure that visiting members have a checklist.
3. Ensure that visiting members have sufficient and relevant stationery.

### **After the visit**

1. Write a 'thank you' letter from the Forum Chair.
2. Type up the members' finalised and clearly written report – ensuring suitable presentation, grammar and punctuation. Return the typed report to the author(s).
3. Ensure that the report is sent to the provider for accuracy.
4. Send the report to:
  - The provider
  - The PCT
  - The OSC
  - The SHA
  - The Commission
  - The Forum(s)
5. Upload the report onto KMS.

### **Follow up**

1. Arrange a de-briefing meeting and arrange for a follow-up visit, if required.
2. If a follow-up meeting is required, decide upon the type of visit.
3. Decide if it is important for the Report to be placed on the Board's Agenda.

## LEGAL STATUS

### Understanding the legal status of the Forum when undertaking visits

Forums are **STATUTORY** bodies – meaning that they are established by law.

The Forum's legal status is defined in the **LEGISLATION**

Forums have the important power to 'enter and inspect premises'. These visits enable the Forum to get close to the services it is reviewing and, most importantly, the patients that use these services. Visits enable the Forum to set up a good working relationship with its Trust or PCT.

<b>NHS Reform and Health Care Professions Act (2002)</b>	<b>Section 15-19 [Forums] and Section 20 [The Commission]</b>
<b>Statutory Instrument (2003) No. 213</b>	<b>Membership and procedure regulations for Forums</b>
<b>Statutory Instrument (2124)</b>	<b>The functions and regulations for the Forums</b>

## **THE ROLE OF THE FORUM**

- 1. To obtain information, relevant to the Forum's functions, from specified NHS and other bodies. This information is to be delivered to the Forum within 20 working days of request.**
- 2. To refer any health matters, relevant to the Forum's functions, to the Local Authority, the OSC, the Commission and any other relevant body the Forum considers appropriate.**
- 3. To enter and inspect premises owned or controlled by the Trust.**
- 4. To appoint a Committee (which could involve non-Forum members) to assist the Forum in discharging its responsibilities.**
- 5. To form a Joint Committee with other Forums to assist with joint pieces of work.**



## **TYPES OF VISITS**

### **Formal**

Formal visits are to be agreed at a Forum Meeting in Public. Reviews can be conducted without visits (by analysing reports). Any visit that forms part of a review must be informal.

### **Informal**

When the purpose of a visit is a matter of general research rather than monitoring of the service, then a visit can be conducted without a Meeting in Public.

General research visits could be classified as meetings with Trust Management. These could be fact-finding visits.

Informal visits are to be considered the exception rather than the rule. The visit must never result in a formal report to a Trust or PCT.

A full list of those visiting must be given to the organisation to be visited.

### **Announced**

Formal visits to be agreed in advance with the site, to ensure that the Forum will get the most out of the visit.

The further in advance the visit is agreed, the better – with a minimum of 5 working days advanced notice.

Informal visits require a minimum of 1 hours notice by telephone.

A full list of those visiting must be given to the organisation to be visited.

## **Unannounced**

The exception to the requirement to notify a suite before a visit is when a Work Plan, agreed at a Meeting in Public, involved unannounced visits to check on services where advanced notice would make the visit meaningless – e.g:

- Cleanliness checks on Wards
- Waiting time monitoring in Accident and Emergency Units

**Programmes of the intended unannounced visits must be agreed, in advance, with the Trust or PCT.**

**A full list of those visiting must be given to the organisation at the time of the visit.**

**Unannounced visits may be costly in terms of goodwill, and it may not be possible to speak to certain people if a visit is not pre-arranged.**

**It is preferable to come to an agreement, in principle, with the NHS Trust concerned.**

**INFORMAL UNANNOUNCED VISITS ARE NOT ALLOWED**

## **Limitation on the power to visit**

**If, in the opinion of the managers of the site to be visited, a visit would disrupt the provision of health services, or compromise patients' safety, privacy or dignity, Forum members can lawfully be denied access.**

This should not happen in the case of formal visits that have been agreed in advance.

The chance of being denied access to a premise will be reduced by giving advanced notice of a visit.

## **WHERE A FORUM CAN VISIT**

**The PCT must be informed before visiting any of its premises.**

- **Trust Forums and Foundation Trust Forums**

Can enter and inspect premises owned or controlled by the associated Trust.

- **PCT Forums**

Can enter and inspect premises owned or controlled by:

- **The PCT**

1. Local Authorities (only those premises relating to health services commissioned jointly by the local authority and the NHS)

2. NHS Trusts

3. Providers of primary care services

GPs  
Dentists  
Pharmacists  
Opticians



## BEHAVIOUR

**List appropriate and inappropriate behaviours when conducting a visit.**

**A minimum of 2 persons to attend each visit.**

1. Wear ID badges – otherwise ask the FSO for a letter of introduction.
2. Introduce oneself to the staff, patients, visitors and carers.
3. Distribute leaflets.
4. Visit in the spirit of openness and willingness to report good practice, as well as reporting on problem areas.
5. Ask questions, and seek information from staff.
6. Be sensitive to the area being visited and the patients in it.
7. Respect the privacy, dignity and safety of patients, staff and members of the public at the site.
8. Do not disrupt the services to patients.
9. Ensure a member of staff is present to escort on the visit.
10. Do not talk loudly.
11. Do not hold irrelevant conversations amongst yourselves.
12. Advise on PALS and ICAS, where appropriate.
13. Let senior staff know that you are leaving.
14. Report urgent concerns immediately to the Overview and Scrutiny Committee.
15. Write a 'thank you' letter.

## AFTER THE VISIT

### Produce a report, to include:

1. An **explanation** of the methods used to obtain the views of patients and their carers.
2. A **list of Forum members** and, where appropriate and subject to their consent, other participants involved.
3. The **issues** the Forum was looking at, and how the Forum worked on them.
4. **What the Forum found.**
5. The Forum's **recommendation for improving services.**

Set a time target for the completion of the Report, having collated the data, and typed.

Pay special attention to presentation, grammar and punctuation before distributing the report to anyone.

Check for factual accuracy with the Trust and/or PCT involved.

The Forum may suggest that the Trust Board places the report on its Public Agenda.

When the report is sent to the NHS organisation, the Forum can request a response.

On request for a response, the Trust or PCT must respond within 20 working days, explaining what action it intends to take, or why it does not intend to take any action.

## REPORT DISTRIBUTION

**The NHS Trust, or PCT concerned.**

**Any body, or person, other than the NHS Trust or PCT for which the Forum was established, that provided the service reviewed.**

**The SHA responsible for the performance management of the NHS Trust or PCT to which the report relates.**

**Any other Forum which had a role in carrying out the review, or which has, or may have, an interest.**

**The relevant Commission Regional Centre.**

**The Overview and Scrutiny Committee**

### **The follow-up**

**Understand the follow-up procedures, recommendations and the use of emergency 'on spec' monitoring visits.**

- If the Trust or PCT does not reply properly to the recommendations made in a report, the Forum may decide to refer the matter to the SHA responsible for the performance management of the Trust, and the OSC.
- After an acceptable period – depending upon what the Forum recommended – the Forum may wish to follow up recommendations to ensure that any changes agreed by the Trust or PCT are carried out.
- Before referring an issue to the SHA or OSC, the Forum must make all reasonable efforts to resolve the matter and reach an agreement with the Trust or PCT concerned.
- If a review reveals serious shortcomings in the health care provision to patients, the Forum can refer the matter to another body, such as the Healthcare Commission.



## ELEMENT STANDARDS

### THE ENVIRONMENT

#### OVERALL APPEARANCE

The area should be tidy, ordered and uncluttered, with only appropriate, cleanable, well-maintained furniture for the area being used.

Any presence of blood or body substance is unacceptable

#### ODOUR CONTROL

The fabric of the environment and equipment should smell fresh, pleasant and have no unpleasant odour.

Any deodorisers should be clean and functional

### PATIENT EQUIPMENT

DIRECT CONTACT – Commodes  
Drip stands  
Pulse oximeters  
Car pieces for bedside communications sets  
and bath hoists

All aspects of the patient equipment should be completely clean, functional and free from blood or body substances, dust, dirt, debris and spillages.

## **INSPECTION OF BUILDINGS**

### **External and Internal Features**

#### **Entrance and Exit**

All entrance / exit areas (including fire exits) should be clean and functional and **free from blood or body substances, dust, dirt, debris and spillages.**

#### **Stairs**

The complete stair environment (including the treads and banisters) should be clean and **free from blood or body substances, dust, dirt, debris and spillages.**

#### **External Areas**

The complete external areas and fixtures should be operational and clean. They should be **free from blood or body substances, dust, dirt, debris and spillages.**

## **WALLS, SKIRTING AND CEILINGS**

### **Switches, Sockets and Data Points**

All wall fixtures – switches / sockets / data points should be clean and operational and **free from blood or body substances, dust, dirt, debris and spillages.**

### **Walls and Skirting**

All wall surfaces and skirting should have a uniform appearance and be **free from blood or body substances, dust, dirt, debris and spillages.**

### **Ceilings**

All ceiling surfaces should have a uniform appearance and be **free from blood or body substances, dust, dirt, debris and spillages.**



## WINDOWS

### External Glazing

The windows and frames should be clean with the glazing being semi-transparent, so weathering effects do not impair the view – with all parts of the window and frame being **free from blood or body substances, dust, dirt, debris and spillages**.

### Internal Glazing

All internal glazed surfaces should be clean and **free from blood or body substances, dust, dirt, debris and spillages**, and have a **uniformed lustre appearance**.

## DOORS

### External Doors

All parts of the door structure should be clean and serviceable so that all door surfaces, vents, frames and jambs are **free from blood or body substances, dust, dirt, debris and spillages**.

### Internal Doors

All parts of the door structure should be clean and serviceable so that all door surfaces, vents, frames and jambs are **free from blood or body substances, dust, dirt, debris and spillages**.

## HARD FLOORS

### Polished Floors

The complete floor should be clean and have a uniform lustre and all edges, corners and main floor spaces are **free from blood or body substances, dust, dirt, debris and spillages and scuff marks**.

### Non-slip Floors

The complete floor should be clean and have a uniform lustre and all edges, corners and main floor spaces are **free from blood or body substances, dust, dirt, debris and spillages**.

### Soft Floors

The complete floor should be **free from blood or body substances, dust, dirt, debris and spillages**. Floors should have a **uniform appearance and an even colour with no stains or watermarks**.



## **DUCTS, GRILLS AND VENTS**

### **Vent Outlet Points**

The external part of the outlet points should be clean and kept **free of dust, dirt, debris, chewing gums and cobwebs, and should be free from any blood or body substances.**

## **FIXTURES**

### **Electrical Fixtures – Appliances - Pest Control Devices**

The pest control devices should be **free from dead insects and be clean and functional.**

### **Electrical Items**

The casing of any electrical item should be **free from blood or body substances, dust, dirt, debris and spillages.**

### **Cleaning Equipment**

The cleaning equipment should be **free from blood or body substances, dust, dirt, debris and spillages.**

## **FURNISHINGS AND FIXTURES**

### **Low Surfaces**

All surfaces should be clean and **free from blood or body substances, dust, dirt, debris and spillages.**

### **High Surfaces**

All surfaces should be clean and **free from blood or body substances, dust, dirt, debris and spillages.**

### **General Furniture**

All parts of the furniture should be clean and functional and **free from blood or body substances, dust, dirt, debris, and spillages.**

## **Beds**

All parts of the bed – including wheels and/or casters – should be clean and functional with surfaces **free from blood or body substances, dust, dirt, debris and spillages.**

## **Lockers**

All parts of the lockers – including wheels and/or casters – should be clean and functional with surfaces **free from blood or body substances, dust, dirt, debris and spillages.**

## **Tables**

All parts of the tables – including wheels and/or casters – should be clean and functional with surfaces **free from blood or body substances, dust, dirt, debris and spillages.**

## **Waste Receptacles**

The waste receptacles should be emptied at the correct frequency and a fresh liner fitted. The waste receptacle should be clean and **free from blood or body substances, dust, dirt, debris and spillages.**

## **Curtains and Blinds**

Curtains and blinds should be clean and functional and should be **free from blood or body substances, dust, dirt, debris and spillages.**

## **KITCHEN FIXTURES AND APPLIANCES**

### **Dishwasher**

Dishwashers should be clean and functional **and free from blood or body substances, dust, dirt, debris and spillages ... and food debris.**

### **Fridge/Freezer**

The fridge/freezer should be clean and functional **and free from blood or body substances, dust, dirt, debris and spillages, food debris and build-up of ice.**



### **Ice Machine**

The ice machine should be emptied at the correct frequency and fresh ice available. The ice machine should be **free from blood or body substances, dust, dirt, debris and spillages, food debris and build-up of ice.**

### **Kitchen Cupboards**

The kitchen cupboards should be clean and functional and **free from blood or body substances, dust, dirt, debris and spillages.**

### **Microwave**

All microwave surfaces should be clean and functional and **free from blood or body substances, dust, dirt, debris and spillages.**

## **TOILET AND BATHROOM FIXTURES**

### **Shower**

The shower – and such equipment as wall attached shower chairs, etc. – should be clean and functional with surfaces **free from blood or body substances, scum, dust, scale, deposits and smears – and have a uniform lustre.**

### **Toilet / Bidet**

The toilet and bidet should be clean and functional with surfaces **free from blood or body substances, scum, dust, scale, deposits and smears – and have a uniform lustre.**

### **Replenishments**

All consumables / soap should be replenished regularly.

### **Sinks / Basins**

All sinks / basins – and such things as wall attached dispensers, etc. – should be clean and functional with surfaces **free from blood or body substances, dust, dirt, debris and spillages, and have a uniform lustre.**



## **Bath**

The bath should be clean and functional with surfaces **free from blood or body substances, dust, dirt, debris and spillages and have a uniform lustre.**

## **Mirrors**

The mirrors should be clean and functional with surfaces **free from blood or body substances, dust, dirt, debris and spillages and have a uniform lustre.**