Patient Led Assessment of the Care Environment

Ward Assessment: Acute and Community, Hospices and Treatment Centres

Ward Name:

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#  1.0 First Impression

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|  | Please Tick |
| Based on your first impressions on entering the ward, how happy / confident are you that a good level of patient care and experience will be delivered within the environment e.g., does the ward appear bright, clean, and welcoming?  | Very Confident |  |
| Confident |  |
| Not Very Confident |  |
| Not At All Confident |  |
| **Please provide any positive or negative comments from your first impression.** |

# Cleanliness and Condition and Appearance Scoring Key

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| --- | --- |
| P | Pass = all aspects of all items must meet the definition/guidance. |
| Where a Pass is not appropriate, the team must decide to apply a Qualified Pass or Fail score.  |
| Q | Qualified Pass = a small number of items (no more than 20%) do not meet the definition/guidance  |
| F | Fail = more than a small number of items do not meet the definition/guidance or where blood or body fluids are present (these always result in a fail score) |
| N/A | Not applicable = the item is not within the area being assessed, choosing N/A will not affect the scoring |

**2.0 Cleanliness / Condition and Appearance**

Shaded areas should be left blank

| **Item** | **Bed space (ward, bay, side room, clinic room, treatment areas etc.)** | **Bathrooms, toilets, shower rooms and en-suites** | **Communal and other areas (including reception and waiting areas, social areas, corridors, lifts and stairwells, bereavement room, chapel, therapy rooms)** | **Reason for Failure / Comments** |
| --- | --- | --- | --- | --- |
| Cleanliness | Condition and Appearance  | Cleanliness | Condition and Appearance  | Cleanliness | Condition and Appearance  |
| **Important note before completing:** Not all items in this list have a specific Condition & Appearance (C&A) option, however many items will fit under one of the more general ‘Condition & Appearance’ options provided. Specifically:* Curtain and Blinds C&A issues should be marked/ commented on the ‘Linen Quality’ C&A item (on relevant forms)
* Any items where ‘Internal Decoration’ issues are identified should be marked/ commented on the ‘Internal Decoration’ C&A item
* Any C&A issues for items which would be deemed as ‘Fixtures & Fittings’, which would cover a number of the items in the list, should be marked down/ commented on the ‘Fixtures & Fittings’ C&A item
* Where an item does not fit into one of these C&A items then a comment should be left on any issues identified

You should refer to ‘Condition / appearance categories and descriptions’ provided as a separate document as a guide. |
| Bath / shower |  |  | P |  |  |  |  |
| Bed frame / trolley | P |  |  |  | P |  |  |
| Bed tables | P |  |  |  |  |  |  |
| Bedside locker | P |  |  |  |  |  |  |
| Ceilings / ceiling tiles | P | P | P | P | P | P |  |
| Commodes / bedpans | P |  | P |  |  |  |  |
| Curtains / blinds / shower curtains and screens | P |  | P |  | P |  |  |
| Curtain tracks | P |  | P |  | P |  |  |
| Dispensers - soap, hand gel etc. | P |  | P |  | P |  |  |
| Doors and frames | P |  | P |  | P |  |  |
| Fans | P |  |  |  | P |  |  |
| Floors | P | P | P | P | P | P |  |
| General storage |  | P |  | P |  | P |  |
| General tidiness |  | P |  | P |  | P |  |
| Glazing – Internal (including windows) | P |  | P |  | P |  |  |
| Internal decoration |  | P |  | P |  | P |  |
| Internal fixtures and fittings |  | P |  | P |  | P |  |
| Lighting | P | P | P | P | P | P |  |
| Linen quality (including towels and curtains) |  | P |  | P |  | P |  |
| Medical gas equipment | P |  |  |  |  |  |  |
| Mirrors | P |  | P |  | P |  |  |
| Pull cords / switches | P |  | P |  | P |  |  |
| Radiators, heating panels and pipework | P |  | P |  | P |  |  |
| Seating (including) shower chairs | P | P | P | P | P | P |  |
| Sinks / basins (including taps and plugholes) | P |  | P |  | P |  |  |
| Surfaces – high | P |  | P |  | P |  |  |
| Surfaces – low / visible (including fire extinguishers) | P |  | P |  | P |  |  |
| Tables (e.g., dining rooms) | P |  |  |  | P |  |  |
| Toilets (including raised toilet seats) |  |  | P |  |  |  |  |
| Toys | P | P |  |  | P | P |  |
| TV / entertainment and IT equipment | P |  |  |  | P |  |  |
| Ventilation / air conditioning grills (visible) | P |  | P |  | P |  |  |
| Walls | P |  | P |  | P |  |  |
| Waste bins | P |  | P |  | P |  |  |
| Waste management |  | P |  | P |  | P |  |
| Wheelchairs / walking aids | P |  |  |  | P |  |  |

**3.0 Hand Hygiene and Equipment**

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| --- | --- | --- |
| **Question** | **Answer** | **Reason for Failure / Comments** |
| Are there hand cleansing facilities available in all clinical treatment areas? e.g., hand rub / wash, soap and towels | Y | N |  |
| Is alcohol gel readily available at the point of care either via staff worn gels or secured dispensers? (Yes/no)**Note:** For infection prevention and control purposes hand gel needs to be available to staff near to point of patient care use. Where this is not practical or desirable for concerns about accidental or intentional ingestion by vulnerable patients’ personal gel dispensers may be worn by staff. Portable/ unsecured dispensers must not be left accessible to patients.Further information is available here: [NHS England » National infection prevention and control](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) | Y | N |  |
| Are clean and dirty patient equipment within a ward area clearly and identifiably segregated?**Note:** This relates to equipment that is visible to the assessors within the ward being assessed. | Y | N |  |

**4.0 Access**

| **Question** | **Answer** | **Reason for Failure / Comments** |
| --- | --- | --- |
| Are there handrails in corridors where appropriate? **Note:** Handrails should be able to be grasped properly**Note:** 'N/A' applies only where there are no corridors.**Note:** There are some circumstances when it is not appropriate to have handrails, for example in some areas of mental health hospitals. In such cases, where there are handrails only in some areas for reasons of patient safety, the response should be yes. | Y | N | N/A |  |
| Where there are handrails, are they in a colour that contrasts with the walls? | Y | N |  |
| Is there at least one generally available toilet big enough to allow space for a wheelchair and carer (including staff) to assist when the door is closed?**Note:** ’N/A’ may be used if there are no toilets. | Y | N | N/A |  |

**5.0 Dementia Friendly Environment**

|  |  |  |
| --- | --- | --- |
| **Question** | **Answers** | **Reason for Failure / Comments** |
| Does the ward ever admit/treat patients with dementia? If no, there is no requirement to complete the dementia assessment. | Y | N |  |
| **Flooring** |
| Is flooring consistent, matt, non-reflective, non-patterned, and not slippery?**Note:** All aspects must be met for a ‘Yes’ response. **Note**: Wood effect flooring is acceptable.  | Y | N |  |
| When you walk on the floor does it create minimal noise? **Note:** The noise should not be distracting for patients. | Y | N |  |
| Are slopes clearly marked?**Note:** ‘N/A’ option for use where there are no slopes. | Y | N | N/A |  |
| Is the flooring in a colour that contrasts with the walls and furniture? | Y | N |  |
| **Toilets and Toilet Signage (staff only toilets should be excluded)** |
| Does the ward have patient toilets (includes en-suites)?**Note:** 'No' would only be expected to be used for critical care or high dependency units. Where the response is ‘No’, then the remaining questions in this section should not be answered. | Y | N |  |
| Can signs to the toilets be seen clearly from all areas and are they clearly identifiable?**Note:** In this instance ‘all areas’ does not include e.g., stairwells or areas from where it would be unrealistic to expect signs to be visible. | Y | N |  |
| Are all toilet / bathroom / shower room door signs consistent?**Note:** Answer 'N/A' where there is only one toilet. | Y | N | N/A |  |
| Are pictures and text fixed to the toilet / bathroom / shower room doors?**Note:** The pictures and text should inform the patient that the room is a toilet. | Y | N |  |
| Are all toilet / bathroom / shower room doors in a single distinctive colour? | Y | N |  |
| Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?**Note:** A ‘Yes’ response requires all criteria to be met.**Note:** It is acceptable that the flush handles are chrome. | Y | N |  |
| Is the toilet flush mechanism clearly identifiable?**Note:** It should be obvious to patients how to flush the toilet. | Y | N |  |
| Are taps clearly marked as hot/cold e.g. by using red and blue colours?**Note:** Colours can be on the tap or indicated on the wall behind. | Y | N |  |
| **General Signage**  |
| Is the correct day and date displayed and clearly visible in all patient areas?**Note:** A yes response requires all criteria to be met.**Note:** Corridors may be discounted.**Note:** As a minimum, this should be provided for all areas, including single rooms, where dementia patients will be staying. | Y | N |  |
| Is there a large, accurate and silent (approx. 18 inch/45 cm diameter) clock clearly visible in all patient areas?**Note:** A yes response requires all criteria to be met**Note:** Corridors may be discounted.**Note:** As a minimum, this should be provided for all areas, including single rooms, where dementia patients will be staying. | Y | N |  |
| Are all patient signs clear and letters in contrasting colours that makes them easy to read? **Note:** A ‘Yes’ response requires all criteria to be met. | Y | N |  |
| Are signs fixed at a height that makes viewing easy?**Note:** Recommended height is 4 feet / 1.21 metres | Y | N |  |
| Are all staff specific signs (e.g. sluice/ treatment room) out of general eyesight level?**Note:** Answer ‘N/A’ only where there are no such rooms. | Y | N | N/A |  |
| **Lighting**  |
| is it possible to adjust the light levels by using dimmer switches or a one on/one off system? | Y | N |  |
| Is there lighting in bed areas and social spaces, including natural light, that can be managed to signify changes in daylight? | Y | N |  |
| **Other** |
| Has colour been used effectively to enhance patient orientation / co-ordination, e.g. doors painted in a different colour from walls and bays? | Y | N |  |
| Are there points of interest such as artwork on the walls, e.g. familiar local sights? | Y | N |  |
| Does the design of the area promote a less clinical feel?**Note:** This should only be answered if the whole ward is specifically for patients with dementia otherwise ‘N/A’ can be used. | Y | N | N/A |  |

**6.0 Privacy, Dignity and Wellbeing**

| **Question** | **Answer** | **Reason for Failure / Comments** |
| --- | --- | --- |
| **Answer for wards only** |
| Are all rooms on the ward for single occupancy with en-suite bath/shower and toilet facilities?**Note:** To answer ‘Yes’, both criteria should be met. If yes, the questions marked with \* below can be ignored. | Y | N |  |
| \*Are toilets and bathrooms for single-sex use and do they have appropriate signs?**Note:** Interchangeable signs which can be used to identify a toilet at any given time for male or female use are acceptable. In very limited circumstances where identification of a toilet for male or female use only is not in the patient’s interests (e.g., in gender re-assignment units) ‘N/A’ may be selected. | Y | N | N/A |  |
| \*If the bath/shower on the ward is visible when the door is open, is the privacy of patients protected when using the bath or shower rooms, i.e. with a lockable door or privacy curtains? **Note:** ‘Yes’ should be answered if the privacy of patients can be protected; this includes those circumstances where for patient safety risk it would not be appropriate for doors to be shut or curtains to be drawn. | Y | N |  |
| To protect privacy and dignity, do all patients have either single rooms or suitable curtains that provide a private space when closed?  | Y | N |  |
| Do patients have enough space between and around their beds to move around easily, either on a ward or in a single room?  | Y | N |  |
| Are wards designed so that no patient needs to pass through an area of the opposite sex in order to access toilets, bathrooms or to leave the ward?**Note:** ‘N/A’ option for paediatric wards. | Y | N | N/A |  |
| Is there a private room on the ward where patients can go for conversations? **Note:** ‘N/A’ if all rooms on the ward are for single occupancy. | Y | N | N/A |  |
| Is there a separate treatment room on or near the ward for minor procedures/wound dressing?**Note:** ‘N/A’ if all rooms on the ward are for single occupancy. | Y | N | N/A |  |
| Are all patients dressed / covered in a way that protects their dignity at all times? | Y | N |  |
| Do all patients have a place where they can lock away their personal belongings?**Note: ‘**Yes’ can be answered where patients have single lockable bedrooms. | Y | N |  |
| Is there any clinical/medical patient data on view?**Note:** This can be on whiteboards in open areas or patient notes left lying around. Patient names, bed numbers, DoB are acceptable but there should be no information in view that links a patient with their condition. | Y | N |  |

**7.0 Television and Telephone Access**

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| **Television Access** | **Answer** |  |
| Do patients have access to entertainment (either personal or in communal areas, for example TV, radio) | Y | N |  |
| Is access to entertainment provided free of charge? | Y | N |  |
| **Telephone Access** |
| Do all patients have access to a telephone for incoming and outgoing calls?**Note:** This could be a communal phone where access may need to be controlled.**Note:** This does not include patients own mobile phones. | Y | N |  |
| Is there provision for patients to charge devices? | Y | N |  |
| **Internet Access** |
| Is there internet access (Wi-Fi) available on the ward? | Y | N |  |

**8.0 Social Spaces (ward only)**

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| --- | --- | --- |
| **Question** | **Answer** | **Reason for Failure / Comments** |
| Is there a day room, social/communal area or playroom on the ward? **Note:** If no ignore the remainder of this section. | Y | N |  |
| Is it furnished and decorated so as to provide an appropriate environment and to encourage its use? | Y | N |  |
| Are any chairs arranged in such a way that is appropriate for patient use?**Note:** This will require the room size and design to be considered, but in a large room for example chairs should not be arranged exclusively around the perimeter. | Y | N |  |
| Does seating provide for the range of patient needs?**Note:** This should include chairs of different heights and different sizes and chairs both with and without arms. | Y | N |  |

**9.0 Lasting Impression**

|  |  |
| --- | --- |
|  | **Please Tick** |
| Having carried out the PLACE assessment on this ward, how happy / confident are you that a good level of patient care and experience will be delivered within the environment? | Very Confident |  |
| Confident |  |
| Not Very Confident |  |
| Not At All Confident |  |
| Please provide any positive or negative comments from your lasting impression. This can include examples of best or poor practice. |