



# Infection Prevention and Control Resource for Adult Social Care:

## 11. Additional information and resources for adult social care managers

This section of the infection prevention and control (IPC) resource is designed for care managers and those acting in a managerial capacity within the adult social care (ASC) sector. It provides clear, detailed guidance on:

- key legislation relevant to IPC in ASC
- roles and responsibilities for managers, including developing policies, leading audits, and ensuring compliance
- practical considerations for infection control when planning new builds or refurbishment projects

The aim is to support managers in creating safe environments, maintaining high standards of care, and meeting regulatory requirements.

## 16 Key legislation

### 17 Health and social care Act (2008; updated 2012 and 2022)

18 The [Health and Social Care Act 2008: code of practice on the prevention and control of](#)  
19 [infections and related guidance](#), often called the Code of Practice, plays a crucial role in  
20 ensuring that IPC is a legal and professional priority within ASC settings in England. The  
21 Act strengthens regulation and accountability, requiring providers to protect service users  
22 from avoidable infections and unsafe care practices.

23 Under the Health and Social Care Act, ASC providers must deliver safe care and  
24 treatment, which includes effective IPC measures. This is enforced through Care Quality  
25 Commission (CQC) fundamental standards, particularly:

- 26 • safe care and treatment
- 27 • cleanliness and hygiene
- 28 • proper management of infection risks

29 ASC providers are legally required to prevent, detect, and control infections.

30 The Health and Social Care Act gives the CQC authority to inspect, monitor, and take  
31 action where IPC standards are not met.

32 The Act ensures providers take all reasonable steps to protect people from infection and  
33 cross-contamination.

34 Effective IPC is essential to:

- 35 • reduce illness and outbreaks
- 36 • prevent avoidable hospital admissions
- 37 • protect life and wellbeing

38 The Health and Social Care Act is important for IPC because it:

- 39 • sets a clear legal framework. IPC is not optional; it is a legal requirement linked to safe  
40 care

- 41 • raises standards of hygiene and infection control and ensures consistent IPC practices  
42 across all ASC settings
- 43 • reduces the risk of outbreaks, and protects individuals receiving care and support,  
44 staff, and visitors from preventable infections
- 45 • improves public confidence so people can trust that care settings follow strict hygiene  
46 and safety standards
- 47 • supports accountability because providers of care are held responsible for failures in  
48 infection control

## 49 **Care Quality Commission (CQC)**

50 The CQC is the regulator for health and social care in England and the purpose is to make  
51 sure health and social care services provide individuals with safe, effective,  
52 compassionate, high-quality care.

53 CQC inspections assess whether:

- 54 • infection risks are identified and managed
- 55 • environments are clean and well maintained
- 56 • staff follow IPC policies and procedures
- 57 • personal protective equipment (PPE) is used appropriately

58 Failure to comply can lead to enforcement action, including improvement notices or  
59 closure.

60 The CQC also registers and regulates services that provide personal care in a person's  
61 home. This includes help with tasks like washing, dressing, and eating. To operate,  
62 domiciliary care (homecare) agencies must register with the CQC. Services that only  
63 provide non-care support, such as shopping, cleaning, or general household tasks, are not  
64 regulated by the CQC.

65 CQC monitors, inspects and regulates services and publishes their findings about the  
66 quality of the care delivered. Where there is poor care, CQC uses their powers to act. The  
67 Health and Social Care Act 2008 (Regulated Activities) set out the standards that  
68 registered providers must meet: [Regulation 12: Safe care and treatment](#) and [Regulation](#)  
69 [15: Premises and equipment](#).

70 The CQC must take into consideration the Health and Social Care Act, and although  
71 following the code itself isn't a legal requirement, following it enables providers to  
72 demonstrate how they meet the regulations around IPC. Because of the wide range of  
73 services provided by registered providers, the Health and Social Care Act will be applied in  
74 a proportionate way. A registered provider may be able to demonstrate that it meets the  
75 regulations in a different way (equivalent or better) from that described in the Health and  
76 Social Care Act.

77 To meet the requirements of the Health and Social Care Act in relation to IPC, ASC  
78 providers should follow the guidance outlined below.

79 Have robust IPC policies and procedures including:

- 80 • up-to-date infection control policies aligned with national guidance
- 81 • clear outbreak management plans
- 82 • regular review of IPC procedures

83 Ensure staff are trained and competent by providing:

- 84 • mandatory IPC training for all staff
- 85 • hand hygiene and PPE training
- 86 • ongoing supervision and competency checks

87 Maintain clean and safe environments through:

- 88 • regular cleaning schedules
- 89 • safe waste disposal
- 90 • effective laundry management
- 91 • proper ventilation where possible

92 Manage risks effectively by having:

- 93 • infection risk assessments for individuals and environments
- 94 • isolation procedures when required

- 95 • safe management of visitors during outbreaks
- 96 Monitor, audit, and learn through:
- 97 • regular IPC audits
- 98 • reporting and investigating infections and outbreaks
- 99 • learning from incidents and making improvements

100 [Health and Social Care Act 2008: code of practice Appendix A](#) provides examples of how  
101 the 10 criteria of the code of practice apply in certain types of ASC services and settings.

## 102 **Systems and Processes for IPC**

103 Someone with appropriate knowledge should be designated as an IPC lead and take  
104 responsibility for IPC (including cleanliness) and relevant antimicrobial stewardship  
105 principles.

106 Providers must have IPC policies with processes in place on how policies will be kept up to  
107 date and monitored to make sure they are effective and followed

108 IPC training should be provided on induction and then annually (see Training and  
109 education section 2d).

110 There should be a record of the names and contact details of health practitioners who can  
111 provide IPC advice. GPs, local IPC team, local UKHSA health protection team (HPT) and  
112 the local authority public health team are likely to be key contacts in the infrastructure.

## 113 **Annual statement**

114 An annual statement for care providers in England is a formal yearly summary that sets  
115 out how a care service has performed over the previous year and what it plans to do in the  
116 year ahead. It is usually produced by ASC providers such as care homes, home care  
117 agencies, and supported living services.

118 The annual statement is much broader than IPC, and although there is no single legally  
119 prescribed format, from an IPC perspective, including the following information is  
120 recommended:

- 121 • known outbreaks of infection

- 122 • action taken following an outbreak of infection
- 123 • audits undertaken and subsequent actions
- 124 • risk assessments undertaken for prevention and control of infection
- 125 • education and training received by staff
- 126 • review and update of policies, procedures and guidance

## 127 **Auditing**

128 Auditing in ASC settings plays a vital role in ensuring quality, safety, accountability, and  
129 continuous improvement of the services provided.

130 Auditing IPC ensures compliance with legal and regulatory standards and helps care  
131 providers meet requirements from Health and Social Care Act and CQC regulations.

132 Regular auditing of IPC:

- 133 • demonstrates compliance and readiness for CQC inspections, reducing the risk of  
134 enforcement actions
- 135 • improves quality of care by identifying gaps in IPC care, such as poor hand hygiene, or  
136 insufficient cleanliness
- 137 • enables providers of care to benchmark performance and implement evidence-based  
138 improvements, including prompting training and policy reviews
- 139 • supports continuous improvement and encourages a culture of reflection and learning  
140 and will track trends over time to evaluate the impact of changes
- 141 • should involve care and support workers to promote ownership and engagement of  
142 IPC policies, standards and practices in care settings.

143 Examples of IPC audits for ASC settings include as a minimum:

- 144 • hand hygiene
- 145 • cleanliness of the environment and care equipment
- 146 • PPE use

- 147 • outbreak readiness

148 Audit templates are usually available from local IPC teams. Useful information on auditing  
149 and quality assurance is available on the [Skills for Care quality assurance and continuous](#)  
150 [improvement](#) page.

151 Internal audit schedules should be managed by registered managers or those deputising  
152 that role.

## 153 **Refurbishments and new builds**

154 When planning refurbishments or new ASC sector builds, consult your usual IPC advisor  
155 in line with local arrangements. Infection risk should be carefully considered during the  
156 design process, alongside the goal of creating a comfortable, homely environment.

157 Considerations should include:

- 158 • ensure there is sufficient and appropriate storage to protect equipment from damage  
159 and contamination (for example for PPE, medical devices, and care equipment)
- 160 • quality finishes which can be readily cleaned and are resilient
- 161 • flooring that is slip resistant and easily cleaned
- 162 • surfaces that are not negatively affected by detergents and disinfectants, and will dry  
163 quickly
- 164 • sufficient provision of hand hygiene facilities placed in appropriate places
- 165 • sufficient ventilation and heating
- 166 • sufficient space to process and store linen and waste
- 167 • sufficient dedicated hygienic storage for cleaning equipment
- 168 • sufficient toilets, bathrooms, ensuites, sluice rooms and clean utility rooms

169 [Health Building Note 00-09: Infection control in the built environment](#) is a useful document  
170 and some elements may be applicable for ASC settings.