

MATTRESS AND MATTRESS COVER AUDIT TOOL FOR CARE HOMES

This audit tool aims to identify mattresses and mattress covers in poor condition. Mattresses and covers in a poor condition are known to be a source of healthcare associated infection. This 'Mattress and mattress cover Audit Tool' has been adapted in response to the Care Quality Commission Practice Alert September 2009: Mattresses.

ACTION

- Each mattress and mattress cover should be reviewed on a regular basis, which should be based upon a local risk assessment, e.g. monthly, and whenever a room is vacated. Complete sections 1 and 2 below for each cover and mattress.
- Mattresses should be enclosed in a waterproof cover, preferably with an integral zip fastener, to facilitate inspections of the surfaces.
- All mattress covers should be numbered for identification, rather than identifying the mattress by the room number for audit purposes, as mattresses are often moved between rooms. It may not be possible to label some mattress covers, i.e. special mattresses. An appropriate system must be in place to identify these mattresses.
- In the event of mattress or mattress cover failure, action plans must be drawn up locally, reviewed and monitored.
- Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.

INSTRUCTIONS FOR CHECKING A MATTRESS AND COVER

HAND COMPRESSION ASSESSMENT

1. Where appropriate, adjust the height of the bed so that it is at the same level as the tester's hip.
2. Link hands to form a fist and place them on the mattress.
3. Keep elbows straight and lean forward, applying the full body weight to the mattress.
4. Repeat the hand compression at intervals along the entire length of the mattress.
5. The mattress should be condemned if the base of the bed can be felt at any point.

WATER PENETRATION TEST (ONLY FOR SEALED MATTRESS COVERS WITHOUT A ZIP)

Water penetration testing should only be carried out on mattresses that have a sealed cover, i.e. no zip, which make it impossible to inspect the core mattress. This is intended as a quick positive check to determine whether or not the mattress cover is permeable to fluids.

1. Using the fist, press the mattress cover to form a shallow well in the centre of the mattress where it would have high usage or on any areas of concern.
2. Pour a small volume of tap water (approximately ½ teacup/75 ml) in the well and agitate the area for about one minute.
3. Visually inspect for loss of water/water penetration which indicates failure of the test.
4. Mop up the water.

TURNING MATTRESSES

Many new mattresses do not require turning. However, if the mattress does require turning, this should be carried out in accordance with the manufacturer's instructions.

Name Of Establishment:		Audit Completed By:	
		Job Title:	
Unit Name (If Applicable):		Date:	

ROOM NUMBER		MATTRESS NUMBER/ IDENTIFIER		1. CRITERIA FOR MATTRESS COVERS											
				Is there a breach in the integrity of the mattress cover, e.g., torn or damaged?		Removable mattress covers: is the mattress cover fastening compromised, e.g. is the zip or any other cover fastening device broken?			Non-removable mattress covers, e.g. no zip: did the cover fail the 'water penetration test'? (See page 1)			Does the mattress cover have any staining outside or inside that cleaning cannot remove?		If the answers to any of the mattress cover questions are yes, the cover has failed and must be replaced.	
				YES	NO	YES	NO	N/A	YES	NO	N/A	YES	NO	FAIL	PASS
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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12.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Name of establishment:		Audit completed by:	
		Job title:	
Unit name (if applicable):		Date:	

ROOM NUMBER	MATTRESS NUMBER/ IDENTIFIER	2. CRITERIA FOR MATTRESSES										
		Undo the removable cover. Is the mattress wet, soiled or stained on either side? (Not applicable to sealed mattress covers without a zip)			Does the mattress have an offensive odour?		Did the mattress fail the 'Hand compression assessment'? (see page 1 – not applicable to air mattresses)			If the answers to any of the questions are yes, the mattress has failed and must be replaced		
		YES	NO	N/A	YES	NO	YES	NO	N/A	FAIL	PASS	
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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