



**NHS**

*England*

## **PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT**

**THE WARD ASSESSMENT – ACUTE  
AND COMMUNITY HOSPITALS,  
HOSPICES AND TREATMENT CENTRES**

Ward name/number \_\_\_\_\_

**WARD FIRST IMPRESSION (PART 1)**

- Very Confident = A
- Confident = B
- Not Very Confident = C
- Not At All Confident = D

<p>Based on your first impressions on entering the ward, how confident are you that the environment in this ward supports good care?  <b>(Please use the Notes box at the end of this form to record any specific comments supporting your response)</b></p>	
--	--

**WARD CLEANLINESS**

*Please see page 16 of this assessment form for definitions of Ward, Clean, Pass, Qualified Pass and Fail*

- Pass = P
- Qualified Pass = Q
- Fail = F
- Not Applicable = X

LEAVE SHADED AREAS BLANK

	Bedside Area	Other	Bath/Toilet	<i>Notes optional (reasons for failure must be recorded)</i>
Bath/shower				
Bed frame				
Bedside locker				
Bedside seating				
Bed tables				
Ceilings				
Cleaning equipment				
Commodes/bedpans				
Curtain tracks				
Curtains – bedside				
Curtains/blinds – other, ward				
Curtains/screens – bath/shower				

	Bedside Area	Other	Bath/Toilet	Notes optional (reasons for failure must be recorded)
Dispensers – soap etc				
Doors and frames (include single rooms in Other)				
Fans				
Floor – under bed				
Floor – other				
Glazing – internal				
Hoists				
Lighting (over bed)				
Lights (other)				
Medical gas equipment				
Mirrors				
Pull cords/switches				
Radiators, heating panels and pipework				
Seating				
Sinks/basins (inc taps and plugholes)				
Stands (drip, medical, other)				
Surfaces – high				
Surfaces – low/visible (inc fire extinguishers)				
Tables (e.g. Dining rooms)				
Toilet (inc raised toilet seats)				
Toys				
TV/entertainment equipment				
Ventilation/air-conditioning grilles (visible)				
Waste bins				
Wheelchairs/walking aids				

Other notes

---

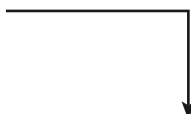


---

Ward name/number \_\_\_\_\_

**CONDITION/APPEARANCE – 1 of 5**

Pass = P  
 Qualified Pass = Q  
 Fail = F  
 Not Applicable = X



Internal decoration	Bath/ toilet	Should be bright, co-ordinated and in good condition. Paintwork should be free from chips, scratches and other damage. Wallpaper (if any) should be free from damage – tears etc, and should be appropriate to the patients. On children’s wards it should not only suit the very young. Artwork should be clean and in good condition.
	Other	

*Notes optional (reasons for failure must be recorded)*

Internal fixtures and fittings (excluding floors, furnishings and decorations)	Bath/ toilet	<p>These should be free from permanent damage and marks (i.e. that cannot be removed by cleaning), and working. There should be clear instructions displayed on how to report broken/malfunctioning items. The list below covers the majority of issues, but others should be recorded as and when they are seen.</p> <ul style="list-style-type: none"> <li>• Free from stains/marks (including water damage and permanent marks caused by adhesive residues)</li> <li>• Free from scuffs, scratches, gouges, tears, holes (including exposed screw-holes), corrosion/rust, limescale or other deposits</li> <li>• Any items which have an action – e.g. automatic doors, taps, lights – should be working correctly</li> <li>• Toilets and bathrooms must have working locks (except in en-suite rooms where the outer door can be locked)</li> <li>• Ceiling tiles – unless there is current maintenance work that requires ceiling tiles to be removed, all should be in place and in good condition</li> <li>• Hand-washing water should not be too hot.</li> </ul>
	Other	

*Notes optional (reasons for failure must be recorded)*

## CONDITION/APPEARANCE – 2 of 5

Floors	Bath/ toilet	All floors should be even, free from tears, splits, excessive wear, cracks, tape or raised/lifting areas. Any carpeting should be appropriate to the area. Barrier matting in e.g. entrances should be in good condition and firmly fixed in place.
	Other	
<i>Notes optional (reasons for failure must be recorded)</i>		
Seating		Chairs and seating should be made from wipeable/ impervious material. Also:
		<ul style="list-style-type: none"> <li>It should be in good condition (e.g. free from permanent stains/marks, excessive wear, fraying or tears or, in the case of plastic seating, not cracked or broken)</li> </ul>
<i>Notes optional (reasons for failure must be recorded)</i>		
Lighting	Bath/ toilet	Where artificial lighting is used, this should simulate natural light and provide enough light to make areas bright and easy to walk through. Lighting should also be even e.g. without pools of light and/or dark areas, stripes or shadows. Energy-saving/motion-activated lighting is acceptable, but should be designed to respond quickly and to light the area well, particularly in long corridors, lifts or areas where there is no natural light. Bulbs etc should be working.
	Other	
<i>Notes optional (reasons for failure must be recorded)</i>		
Natural Light	Other	Is there good natural lighting in bed areas?
NOTE – This is a Yes/No question		

## CONDITION/APPEARANCE – 3 of 5

Linen storage and quality (including towels and curtains)		<p>All bed linen, pillows, patient gowns, towels and curtains should:</p> <ul style="list-style-type: none"> <li>• be good-quality, clean, in good condition, bright and free from all but the smallest, professional repairs;</li> <li>• match/be coordinated (bed covers and curtains).</li> <li>• Pillows and duvets should be made of or covered with wipeable/washable materials</li> <li>• Disposable curtains should display the date they were hung</li> <li>• All linen should be appropriately stored in linen rooms or covered cages (open cages are not acceptable)</li> <li>• All linen should be organised so that clean and dirty items cannot come into contact.</li> </ul>
<i>Notes optional (reasons for failure must be recorded)</i>		
Odours	Bath/ toilet	Areas should smell fresh and should be well ventilated to ensure there are no lingering unpleasant odours. Smells caused by cleaning products are often reassuring for patients, but should not be so strong that they are offensive.
	Other	
<i>Notes optional (reasons for failure must be recorded)</i>		
Secure storage of personal possessions		All patients should be provided with secure storage for which they have a key. Storage should be either at their bedside, in their room or in designated lockers. It should be large enough to contain their personal/valuable possessions. Where storage for e.g. clothing is also required, this should be adequate in size but does not need to be lockable unless valuables are also kept here.
<i>Notes optional (reasons for failure must be recorded)</i>		

## CONDITION/APPEARANCE – 4 of 5

General storage	Bath/ toilet	<p>Tidiness is important since not only does a tidy ward or area create an impression of order and good management, but also an untidy ward/area significantly impacts on the ability to clean. The following are key aspects of providing a tidy environment:</p> <ul style="list-style-type: none"> <li>• Equipment, when not in use, should be stored out of sight in rooms or areas set aside for that purpose</li> <li>• Bathrooms, toilets or other patient areas, e.g. day rooms, should never be used for storage</li> <li>• Boxes should not be stored on the floor or cupboard tops or other level surfaces, since this presents a potential hazard</li> <li>• Nothing should ever be stored in doorways</li> </ul>
	Other	

*Notes optional (reasons for failure must be recorded)*

General tidiness	Other	<ul style="list-style-type: none"> <li>• Reception areas and nursing stations should look neat and tidy</li> <li>• Noticeboards should display only essential information and up-to-date notices</li> <li>• There should be separate noticeboards for patient and staff information.</li> <li>• Temporary signs should be up to date, relevant and of good quality (e.g. printed and laminated)</li> </ul>

*Notes optional (reasons for failure must be recorded)*

## CONDITION/APPEARANCE – 5 of 5

Waste management	Bath/ toilet	<p>There should be enough waste bins throughout the ward to help keep litter to a minimum. Also:</p> <ul style="list-style-type: none"> <li>• They should have liners, be big enough for the area/ purpose, and be emptied regularly and not overflow</li> <li>• They should have ‘no touch’ or foot-operated and ‘silent closing’ mechanisms, which should be working (silent closing is not necessary in single rooms or non-bedded areas)</li> <li>• They should have a solid outer cover (i.e. no ‘free-hanging’ bags)</li> <li>• Their purpose should be clearly displayed on a label (e.g. domestic, clinical, hazardous etc)</li> <li>• Clinical waste storage bins should always be locked and should never be so full that they prevent closing.</li> </ul>
	Other	
<p><i>Notes optional (reasons for failure must be recorded)</i></p>		

### Other notes

ACCESS		
Are there handrails in corridors within the ward/ department? (N/A where there are no corridors)	Y/N/ NA	
Are there handrails on approaches to bathrooms and toilets? N/A should only be used where the location of bathrooms/toilets means that handrails would not be of any practical use.	Y/N/ NA	
Is it possible to grasp the handrails properly	Y/N	
Are the handrails in a colour that contrasts with the walls?	Y/N	
Is there at least one toilet within the ward big enough to allow space for a wheelchair and carer (including staff) to assist when the door is closed?	Y/N	



## WARD DEMENTIA ASSESSMENT

This assessment should be completed for all wards being assessed except in the following circumstances:

1 Where the organisation can say with absolute certainty that patients with dementia will never be admitted to the ward being assessed. This will apply, for example, to paediatric or maternity wards or, in mental health settings, wards which are exclusively for young people/adolescents. However organisations should err on the side of caution and assume that unless such persons are specifically excluded from admission in line with the above, then the assessment should be undertaken bearing in mind also that a diagnosis of dementia may not occur until after admission.

The organisation confirms that patients with dementia will never be admitted to the ward to which this assessment applies.	Y/N	NOTES
<b>FLOORING</b>		
Is all flooring matt rather than shiny?	Y/N	
Is flooring noise reducing/noise absorbent?	Y/N	
Is the flooring a consistent colour and without speckles, stripes, swirls or 'pebble' effects?	Y/N	
Could the lighting, or natural light from windows, make the floor appear to be wet or slippery?	Y/N	
Is the flooring in a colour that contrasts with the walls and furniture?	Y/N	
<b>TOILETS AND TOILET SIGNAGE (staff-only toilets may be excluded)</b>		
Are all toilets on the ward in single, en-suite rooms? If Y, ignore next 5 questions in this section.	Y/N	
Can signs to the toilets be seen from all areas of the ward (NA for single en-suite rooms)	Y/N/NA	
Do all toilets have the same, clear signage?	Y/N	
Are toilet door signs fixed to the door rather than the adjacent wall?	Y/N	
Do the toilet signs use both pictures and text?	Y/N	
Where there is more than one toilet, is signage consistent across them all? (N/A where there is only one toilet)	Y/N/NA	
Are all toilet doors painted in, or if unpainted, made of or coated with, a single distinctive colour so as to distinguish them from other doors in the same area?	Y/N	
Are toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor? A Yes response requires all criteria to be met	Y/N	
Are the toilet flushes, basins and taps of a familiar design? A Yes response requires all criteria to be met	Y/N	
Are taps clearly marked as hot/cold e.g. by using red and blue colours	Y/N	

<b>GENERAL SIGNAGE</b>		
Do all signs use large, easily readable text?	Y/N	
Are signs large enough and use contrasting colours so as to make them easy to see? A Yes response requires both criteria to be met	Y/N	
Are signs hung (or fixed) at a height that makes viewing them easy (recommended height 4 foot/1.21. metres)	Y/N	
Are all room-specific signs (e.g. Sluice Room) fixed to their door rather than the adjacent wall? N/A only where there are no such rooms	Y/N/NA	
Is there clear signage in the ward, prominently displayed, showing the hospital name and the ward name? (N/A for single rooms) A Yes response requires both criteria to be met	Y/N	
Is there a large face clock clearly visible in all areas (corridors may be discounted)?	Y/N	
Is the day and date displayed and clearly visible in all areas?	Y/N	
<b>OTHER</b>		
Have strong patterns been avoided in wall coverings, curtains, furnishings and screens? (A Yes response requires all criteria to be met)	Y/N	
Are doors to exits clearly marked, but doors to 'staff only' areas disguised e.g. by painting the doors and door handles in the same colour as the walls. A Yes response requires both criteria to be met. Where for reasons of security or patient safety it is not appropriate for exits to be identified N/A may be selected.	Y/N	
Is it possible to cover or remove mirrors if required? N/A only where there are no mirrors in the area. Note: A permanent/fixed cover is not required, but the manner in which the mirror is fixed to the wall should allow for a temporary cover to be applied (e.g. a sufficient gap to allow a cloth to be draped over the mirror).	Y/N/NA	

**Note:** The assessment criteria included in this section are drawn from environmental assessments produced by The King's Fund (<http://www.kingsfund.org.uk>) and Stirling University (see <http://dementia.stir.ac.uk/design/virtual-environments/virtual-hospital> ). They represent only a selection of assessment criteria and organisations are encouraged to independently undertake a full assessment using the tools of either of the organisations mentioned, or any other suitable tool.

Ward name/number \_\_\_\_\_

**HAND HYGIENE and EQUIPMENT CLEANLINESS**

Yes = Y  
 No = N  
 Not Applicable = X

		<i>Areas for action/record reasons and details of why a No has been recorded</i>
Is antibacterial hand-rub available at the bedside? (answer Yes if ALL staff carry personal dispensers)		
Are there hand-washing facilities (including soap/ towels) on the ward/in the room?		
Are cleaning schedules available on the ward?		
Is cleaning equipment colour-coded?		
Is clean 'ready for use' patient equipment clearly identified as such?		
Is clean and dirty patient equipment clearly segregated? <b>Note:</b> does not require to be in a separate room/area, but there must be clear separation.		

**SAFETY**

Yes = Y  
 No = N

		<i>Areas for action/record reasons and details of why a No has been recorded</i>
Are emergency exits clearly identified?		
Are all emergency exits free of obstacles of any kind?		

**Other notes**

---



---



---



---

Ward name/number \_\_\_\_\_

**STAFF APPEARANCE**

Yes = Y  
No = N

*Areas for action/record reasons  
and details of why a No  
has been recorded*

Are staff appropriately dressed?

The list below covers the majority of issues, but others should be recorded as and when they are seen:

- Staff should be wearing name and job title identification
- Uniforms or other clothing should comply with the organisation's dress code (teams will need to determine what this is)
- Staff should observe 'bare below the elbows'
- Staff serving food should wear aprons

***Other notes***

---

---

---

---

Ward name/number \_\_\_\_\_

## PRIVACY, DIGNITY AND WELLBEING – 1 of 2

Yes = Y

No = N

Not Applicable = X

		<i>Areas for action/record reasons and details of why a No has been recorded</i>
Are all rooms on the ward for single occupancy only with en-suite bath/shower and toilet facilities?		
Is all sleeping accommodation separated into single-sex areas? <b>Note:</b> children may be accommodated in single or mixed accommodation according to their preference: <a href="https://www.gov.uk/government/publications/eliminating-mixed-sex-accommodation-in-hospitals">https://www.gov.uk/government/publications/eliminating-mixed-sex-accommodation-in-hospitals</a>		
Are wards designed so that no patient needs to pass through an area for the opposite sex in order to access toilets, bathrooms or to leave the ward?		
Are toilets and bathrooms for single-sex use and do they have appropriate signs? <b>Note:</b> Interchangeable signs which can be used to identify a toilet at any given time as for male or female use are acceptable. In very limited circumstances where identification of a toilet as for male or female only use is not in the patients' interests (e.g. in gender re-assignment units) the N/A option may be selected.		
If the bath/shower is visible when the door is open, have privacy curtains been installed? (N/A for single/en-suite rooms)		
Do all toilet/bathroom doors have working locks? (Toilets in single/ en-suite rooms may be discounted)		
Are all bedside curtains long and wide enough so that they provide a private space when closed? (N/A for single rooms)		
Is there enough space between and around beds? (N/A for single rooms)		
Is there a private room on the ward where patients can go for conversations? (N/A for single rooms)		
Is there a separate treatment room on the ward for minor procedures/wound dressing?		
Where patients have access to their own TV/radio, do they all have headsets/earphones (N/A for single rooms)?		
Are all patients appropriately dressed to protect their dignity at all times?		

Ward name/number \_\_\_\_\_

**PRIVACY, DIGNITY AND WELLBEING – 2 of 2**

<b>Television access</b>	Enter Y against ONE OPTION ONLY below
All patients have personal access to TV at no cost	
All patients have personal access to TV at a cost	
All patients have access to TV (shared) e.g. in a 4 bed bay	
All patients have access to TV in a communal area	
There is no access/not all patients have access to TV	
For clinical or patient safety reasons the organisation has determined that the provision of TV access is either inappropriate or unsafe in this ward	
<b>Note:</b> 'Clinical' reasons are restricted to areas such as HDU or CCU where due to their clinical status patients would have no need for television	
<b>Radio access</b>	Enter Y against ONE OPTION ONLY below
All patients have access to radio	
Some patients have access to radio	
Patients do not have access to radio	
<b>Note:</b> The response should be based on what all patients have access to, patients own TV or radio does not constitute a Yes response	

**Other notes**

---

---

---

---

---

## SOCIAL SPACES

Yes = Y

No = N

		<i>Areas for action/record reasons and details of why a No has been recorded</i>
Is there a day room, social/communal area or playroom on the ward? (If No, ignore next questions)		
Is it furnished and decorated so as to provide an appropriately relaxing environment and to encourage its use?		
Are any chairs arranged in small clusters to encourage conversations?		
Does seating provided in reception/waiting areas provide for the range of patient needs including chairs of different heights, chairs both with and without arms and bariatric chairs?		
Is there good natural light in the area?		

### **Other notes**

---



---



---

## TEMPERATURE

Yes = Y

No = N

		<i>Areas for action/record reasons and details of why a No has been recorded</i>
In the opinion of the assessment team was the temperature of the ward appropriate for the patients?		

### **Other notes**

---



---



---

Ward name/number \_\_\_\_\_

### WARD LASTING IMPRESSION (PART 2)

Very Confident = A

Confident = B

Not Very Confident = C

Not At All Confident = D

Having carried out the PLACE assessment on this Ward, how confident do you now feel that the environment in this ward supports good care? <b>(Please use the notes box below to record any specific comments supporting your response, particularly where your view has changed)</b>	
--	--

---

---

---

---

---

---

---

---



## Definitions

### Ward

Includes any day room, dining room or discharge lounges/area located within the ward area.

### Clean

Free from all visible removable dirt including dirt, dust, stains, adhesive residue, litter, blood or other body substances, hair, cobwebs, insects, food debris, grease, scum, smears and spillages of liquids or powders. This list covers the majority of issues, but others should be recorded as and when they are seen.

### Pass

The guiding principle for a Pass mark is that all items assessed meet the definition. Where something is deemed to be of minor importance, isolated in frequency, and in the view of the assessors is of recent origin then it may be disregarded. It is not appropriate to Pass an item but make a written comment drawing attention to any defect and where a written comment is necessary then a Qualified Pass or Fail should be awarded as appropriate.

### Qualified Pass

Most, but not all items meet the definition and there are no serious issues such as the presence of blood, vomit, faeces or any other bodily fluid which should lead to an immediate Fail for all like items in that ward / area. It is not possible to set a specific number or percentage and assessing teams will need to exercise their judgement, but as a rough guide two items in 10 or 20% failing to meet the definition could be deemed as a Qualified Pass, but more than that would lead to a Fail mark.

### Fail

In accordance with the guidance for Qualified Pass where there are frequent failures to meet the specification or a single instance which is deemed sufficiently serious to result in an immediate Fail – e.g. the presence of blood, vomit, faeces or other bodily fluids. In the case of the latter, this should lead to a Fail for the items being assessed, not the entire ward or area.