

CAPE HILL MEDICAL CENTRE

INFECTION PREVENTION CONTROL

Annual Statement – June 2023

Purpose

This annual statement will be generated each year in June, in accordance with the requirements of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The report will be published on the Practice's website and will include the following summary:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our significant event procedure)
- Details of any infection control audits carried out and actions undertaken
- Details of any risk assessments undertaken for the prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) lead

The lead for infection prevention and control at Cape Hill Medical Centre is the practice nurse team.

The IPC lead is supported by Deputy Practice Manager.

a. Infection transmission incidents (learning events)

- Learning events involve examples of good Practice as well as challenging events.
- Positive events are discussed at meetings to allow all staff to be appraised in areas of best Practice.
- Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Learning Event Analysis (LEA) form which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.
- All learning events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.
- In the past year, there have been no learning events raised which related to infection control. There have also been no complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

- Monthly cleaning audits of equipment
- Monthly check of legionella compliance

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- Monthly checks of toilet cleanliness
- Monthly Minor Surgery Room Audits
- Quarterly Infection Control Audits.
- Yearly Infection Control Audits.

c. Risk assessments

Risk assessments are carried out so that any risk is minimised and made to be as low as is reasonably practicable. Additionally, a risk assessment that can identify best Practice can be established and then followed.

d. Training

In addition to staff being involved in risk assessments and significant events, at Cape Hill Medical Centre all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

Various elements of IPC training in the previous year have been delivered at the following times: Handwashing- September 2023, General update- September 2023.

e. Policies and procedures

The infection prevention and control-related policies and procedures that have been written, updated or reviewed in the last year include, but are not limited, to: Cleaning Schedule.

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

f. Responsibility

It is the responsibility of all staff members at Cape Hill Medical Centre to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead and Deputy Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before June 2024.

Signed by

Isabelle Fisher
For and on behalf of Cape Hill Medical Centre