

IPC Annual Statement Report

Magnolia House - April 2024

Purpose

This annual statement will be generated each year in April 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 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 undertaken, 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 Magnolia House is Hana Whittick (GPN/Trainee ACP).

The IPC lead is supported by Kate Dyerson (GP) and Rebecca Ruddlesden (Practice Manager).

a. Infection transmission incidents (significant events)

In the past year there have been zero IPC related significant events. There have been zero complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

An external IPC inspection was completed on 1st June 2023 with Vanessa Seeboruth, Frimley ICB IPC lead.

Infection prevention and control audits were completed in April 2024 as detailed below:

- Vaccine storage audit tool was completed in December 2023, recommendations have been implemented. The audit was repeated in June 2024.
- Curtain Audit was completed in March 2024 and resulted in no further action.
- Hand washing audit was completed for all clinical staff March 2024, good compliance.
- A minor surgery audit was completed in April 2024 indicating that 109 operations were performed with nil post-surgery infections. Additionally, 61 coils were inserted and a further 55 were removed, nil post fit or removal infections reported. Finally, 9 contraceptive implants were fitted and an additional 11 were removed, nil post implant insertion or removal infections were reported.

- Legionella Assessment and audit was completed May 2023 and is repeated at two-year intervals. The water is checked at six monthly intervals.
- Sharps disposal and waste audit was completed in April 2024.

c. Risk assessments

Risk assessments are carried out so that any risk is minimised to be as low as reasonably practicable.

In the last year, the following risk assessments were carried out:

- Minor Surgery
- Risk of body fluids
- Healthcare associated infections
- Soft furnishings
- Disposal of waste including sharps
- Cleaning standards
- Staffing training and vaccinations
- Toy cleaning provision
- Assistance dogs
- Privacy curtain changes
- Oxygen cylinders
- Water safety

d. Training

At Magnolia House all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually. The IPC lead attends quarterly attendance to IPC champions training sessions and ensures updates are cascaded to clinicians and staff at regular meetings, as documented through minutes.

e. Policies and procedures

The infection prevention and control related policy, and the cleaning standards schedule policy, have been updated in the last year. 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 Magnolia House to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead and Rebecca Ruddlesden (Practice Manager) are responsible for reviewing and producing the annual statement. This annual statement will be updated on or before April 2025.

Signed by

Hana Whittick, For and on behalf of Magnolia House