



THE BOSMERE MEDICAL PRACTICE

Bosmere Medical Centre, Solent Road, Havant,
Hampshire PO9 1DQ. Tel 02392 476941 Fax 02392 492524

Infection Control Annual statement 2018 – 2019

AIM

We aim to keep the practice clean and tidy and to offer a safe environment for all our patients, relatives and staff.

Our GP's and nurses follow procedures to make sure that the treatment of our patients and the clinical equipment used meets infection control and safety standards guidance. The Practice use single use instruments only.

The GP Partners encourage staff and patients to raise any issues or report any significant incidents relating to cleanliness and infection control. If any arise then the practice teams meet to discuss and identify improvements we can make to avoid any future problems.

PURPOSE

This annual statement will be generated each year. It will summarise:

- 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 control risk assessments undertaken
- Details of staff training
- Any review and update of policies, procedures and guidelines

INFECTION CONTROL LEAD

Newly appointed Practice Nurse Steve Riley is the Practice Lead for Infection Control at the Bosmere Medical Practice assisted by Mrs Sally Walker, Practice Manager and Mrs Anita Arnold Operational Manager. GP lead for Infection Control is Dr.T Chung.

An annual audit will be carried out by the Infection Control Team, with risk assessments as necessary.

SIGNIFICANT EVENTS

In the past financial year (*1st April 2017 – 31st March 2018*) there have been no significant events raised that relate to infection control.

RISK ASSESSMENTS and AUDITS

Risk assessments are carried out so that best practice can be established and then followed up. Since starting in January, Nurse Riley has completed a treatment room audit with the support of Solent NHS IPC link Beth Carter. Since January the following actions taken:



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- In January 2018 Nurse D Adshead carried out an annual audit to ensure hand hygiene amongst the staff was effective and correct. Each member of staff passed and completed competencies to evidence it.
- In Feb 2018 all curtains were replaced in clinical areas.
- In April 2018 room checklist were implemented to ensure continuity of effective practice with Infection Control. Staff complete these daily sheets to ensure there is an audit trail to evidence this.

We passed the audit and are currently awaiting electronic feedback in order to create areas of improvement for the future.

At the present time we are currently expecting a CQC visit and action points will be created as a result of this. It is the responsibility of the IPC lead to ensure that staff are informed of the result and the actions that need to be taken:

STAFF TRAINING

Annual training has been/or will be undertaken as follows:

- Annual Infection Control updates to be undertaken by all staff at the practice electronically.
- Staff training to be completed for the non-clinical staff on IPC towards the end of the year.
- All staff to be updated following infection control audit undertaken by CQC.

CLEANING SPECIFICATIONS

Procare took over the cleaning contract in October 2017 and so far this appears to be working well. Nurse Riley has requested some amendments to their cleaning schedule such as increasing the frequency in which the cleaners disinfect the couches (above and below) and that shower water in low use areas is ran for at least 10 minutes on a weekly basis. We are awaiting confirmation from them that they are happy to undertake these changes.

POLICIES, PROTOCOLS AND GUIDELINES

It is our aim to review, update; create policies, procedures and guidelines annually or sooner if needed.

Infection protocols/guidelines are currently in the process of being updated and ensuring there is continuity in its appearance. This is being undertaken by Advanced Nurse Practitioner Ayshea Hind and Nurse Steve Riley.