



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Annual Infection Control Statement Template - CC18	To demonstrate compliance with infection control in the service.	QCS

**Annual Infection Control Statement Template - CC18**

Organisation Name:	ASSOCIATED CARE CENTRES
Location:	GRENHAM BAY COURT
Registered Manager:	JULIE MILLS
Infection Control Lead at the Organisation:	HELEN CHANDLER
Date Infection Control Statement Produced:	11/10/2026
Date of Next Review:	2027

Introduction

As a requirement of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, it is required that an annual statement be produced regarding compliance with good practice on infection prevention and control. The annual statement will be made available for anyone that wishes to see it, including Service Users, their representatives and regulatory authorities. It has been produced by JULIE MILLS and will be updated annually, or when current advice and guidelines change.

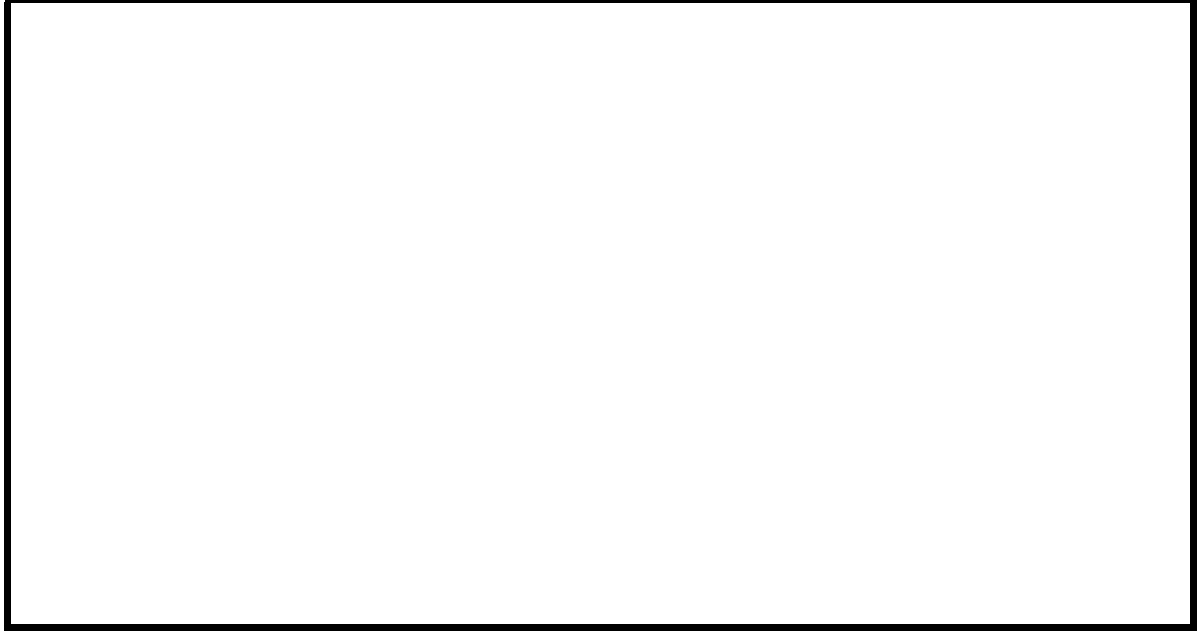
Outbreaks of Infection**Infection Prevention and Control (IPC)**

There have been no significant infection prevention and control concerns reported during the period covered by this report. The service has not experienced any outbreaks of infectious illnesses, including Norovirus, influenza, COVID-19, or other communicable diseases.

Robust infection prevention and control measures continue to be embedded within daily practice. Staff remain vigilant in monitoring for signs and symptoms of illness and take appropriate precautions where required. Face coverings are implemented in line with current infection control guidance, including during periods of outbreak management or when staff members are recovering from, or displaying symptoms of, illness.

Infection Prevention and Control remains a standing agenda item within team meetings and management discussions, ensuring that staff receive regular reminders of best practice, current guidance, and their responsibilities in maintaining a safe environment for residents, visitors, and colleagues. These discussions support a strong culture of infection prevention, promote awareness, and provide opportunities to address any emerging concerns promptly.

The continued absence of outbreaks reflects the commitment of both staff and management to maintaining high standards of hygiene, cleanliness, and infection control practices across the service. Regular monitoring and ongoing staff engagement will continue to ensure these standards are maintained.





Audit Summary

Audit and Quality Assurance Programme

The management team undertakes a comprehensive programme of audits designed to monitor compliance, maintain high standards of care and service delivery, identify opportunities for continuous improvement, and ensure the ongoing safety, wellbeing, and satisfaction of both residents and staff. These audits form an integral part of the home's governance framework and provide assurance that regulatory requirements, organisational policies, and best practice standards are consistently being met.

A combination of routine scheduled audits and responsive audits are completed throughout the year, allowing the management team to monitor performance, address areas of risk, and implement corrective actions where necessary. Audits are conducted using a range of systems including Radar Healthcare, Excel-based monitoring tools, and paper-based records where appropriate.

The following audits are undertaken on a regular basis:

- **First Aid Audit** - completed monthly to ensure first aid equipment, records and procedures remain compliant and fit for purpose. Most recently completed on **10 September 2026** via Radar Healthcare.
- **Falls Audit** - completed following every resident fall to identify trends, contributing factors and opportunities to reduce future incidents. Reviewed through management oversight, with the most recent audit completed on **11 September 2026**.
- **Bedrails Audit** - undertaken monthly to ensure bedrails remain safe, appropriate and compliant with individual risk assessments. Last completed on **11 September 2026** via Radar Healthcare and Excel monitoring systems.
- **Residents' Funds Audit** - completed monthly to ensure accurate financial records are maintained and resident monies are managed appropriately. Most recently undertaken on **28 August 2026**.
- **Quality Assurance Audit** - completed quarterly to review the overall quality of service provision, compliance, and continuous improvement initiatives. The latest audit was completed in **May 2026**.
- **Medication Management Audit** - undertaken monthly by the management team, with additional daily medication checks carried out by senior staff. These audits provide assurance regarding medication ordering, storage, administration, recording practices, and regulatory compliance. The most recent management audit was completed on **9 July 2026** using Radar Healthcare, supported by daily paper-based checks.
- **Safeguarding Audit** - conducted whenever a safeguarding concern is raised to ensure appropriate actions have been taken, investigations completed, and learning identified. The most recent audit was undertaken on **14 April 2026**.
- **Regulation 18 Notifications Audit** - completed as and when statutory notifications are submitted to the regulator, ensuring compliance with reporting requirements. The latest review was conducted on **10 September 2026** following a resident fall.



- **Deprivation of Liberty Safeguards (DoLS) Audit** - updated whenever applications are submitted, renewed or authorised to ensure oversight of all restrictions and authorisations. Most recently reviewed on **3 August 2026**.
- **Compliments and Praise Audit** - maintained throughout the year to capture positive feedback received from residents, relatives and professionals, helping to identify areas of good practice. Last updated on **13 August 2026**.
- **Complaints Audit** - updated whenever concerns or complaints are received to ensure appropriate investigation, resolution, and organisational learning. Most recently reviewed on **15 August 2026**.
- **Staff Accidents and Incidents Audit** - completed following any staff accident or incident to monitor trends, reduce risk, and support staff wellbeing.
- **Out-of-Hours Visits Audit** - completed frequently by the management team and periodically by the Nominated Individual/Group Service Manager to provide independent oversight of the service outside normal operating hours. Most recent audits were completed on **10 September 2026** and **31 July 2026**.
- **Health and Safety Audit** - undertaken quarterly to ensure the premises, equipment, and working practices remain safe and compliant with legislation. The most recent audit was completed on **9 July 2026**.
- **Kitchen Audit** - conducted quarterly to monitor food safety, cleanliness, stock control, and compliance with food hygiene regulations. Last completed on **31 August 2026**.
- **Environmental Audit** - completed monthly to review the cleanliness, maintenance, comfort, and overall suitability of the home environment for residents. Most recently undertaken September **2026**.
- **Infection Prevention and Control (IPC) Audit** - carried out quarterly to ensure robust infection control practices are maintained throughout the service. The latest audit was completed in **June 2026**.

Audit Outcomes

All of the audits listed above were completed internally by the management team or designated senior staff. Audit findings are reviewed regularly, with any actions identified being incorporated into the home's continuous improvement plan. The audit programme continues to provide assurance that systems remain effective and that residents receive safe, person-centred, and high-quality care within a well-governed environment.

Furthermore, no significant concerns were identified through the audit programme during the reporting period, demonstrating the effectiveness of the home's monitoring systems and commitment to maintaining high standards across all aspects of service delivery.

This section should include a summary of audits undertaken at the service. The areas to cover include:

- The name of the person undertaking the audit
- The date and time of the audit
- The scope of the audit
- The name of the audit tool
- The frequency of the audit



- Whether it was an internal audit or one undertaken by an external body

Describe the action taken following the audits and whether the audit actions are now closed or are open and require further work to close.

Risk Assessments

The service currently supports five residents with urinary catheters and one resident with a pressure area requiring ongoing monitoring and treatment. These individuals are at an increased risk of developing urinary tract infections (UTIs) and other related complications due to their clinical needs and underlying health conditions. To promote hydration, support wellbeing, and reduce the risk of infection, fluid monitoring is implemented where clinically indicated and in accordance with individual care plans. Staff are responsible for monitoring for signs and symptoms of infection, catheter-related complications, changes in skin integrity, and any deterioration in a resident's condition, ensuring concerns are reported promptly to the appropriate healthcare professionals. Catheter care, pressure area management, and infection prevention practices are delivered in line with current best practice guidance and each resident's assessed needs.

Twenty-two residents have been identified as being at risk of urinary tract infections (UTIs). Accurate monitoring and recording of fluid intake is essential in reducing this risk and supporting residents to maintain adequate hydration. Staff must ensure that all fluid intake and output monitoring is completed accurately and in accordance with individual care plans and risk assessments. Any concerns relating to reduced fluid intake, changes in urinary output or patterns, signs of dehydration, confusion, pain, discomfort, or symptoms suggestive of a UTI must be escalated promptly to the senior team and, where required, referred to relevant healthcare professionals. All observations, concerns, actions taken, and outcomes must be clearly documented within the resident's care records.

Of the residents currently living in the service, 14 have been assessed as being at risk of developing pressure ulcers. Comprehensive preventative measures are in place to minimise risk and maintain skin integrity, including regular repositioning programmes, two-hourly turning schedules where required, airflow mattresses, pressure-relieving cushions, frequent skin inspections, and ongoing risk assessments. Staff are expected to adhere to prescribed pressure care interventions, accurately record all preventative measures undertaken, and monitor for any signs of skin deterioration. Any changes in skin condition or concerns regarding pressure damage must be reported immediately and escalated to appropriate healthcare professionals to ensure timely assessment and intervention.

This section should include details of any changes to risks assessments undertaken or



introduced and a summary of the assessment of the risks to people receiving care, with respect to prevention and control of infection. In addition, risk assessments should be undertaken for example for:

- Each person who has a urinary catheter
- PEG tube
- Pressure Ulcer
- Other factor which makes them more susceptible to the risk of infection

Any person who has repeatedly been prescribed medication for infections should be identified and a review undertaken to determine how the risk of infection can be minimized in the future. Examples of items to include cover areas such as whether a legionella risk assessment is required or checking that waste contractors are registered with the Environment Agency.

Training

All staff have engaged positively with their e-learning requirements, and weekly compliance checks are undertaken to ensure mandatory training remains current and fully compliant. This proactive approach supports safe working practices, promotes a culture of continuous professional development, and ensures the service maintains high standards of care.

Infection Prevention and Control training is currently compliant across the staff team, except for our newest care team member, Sue, who is scheduled to complete this training as part of her induction programme.

Staff are presently completing their Moving and Handling refresher training, facilitated by Graham, who successfully renewed his Train the Trainer qualification in July 2026. The programme commenced on 02/10/2026, with four staff members attending each session. Further training sessions are scheduled for 6 October and 12 October, and it is anticipated that all staff will have completed their refresher training by the end of October.

Fire Safety training is now fully up to date across the service. This programme began in July 2026 with all existing staff successfully attending and completing the training. New starters are enrolled onto the next available Fire Safety training session following completion of their induction and onboarding process, ensuring compliance is maintained.

This section should include details of the infection control training received by staff. Detail the training completed, and any future training that has been organised. Include a summary of:

- The numbers of staff who received training
- The number who received refresher/update training and the numbers who are awaiting training

Details on the nature of the training should be listed along with the source of the training. Details of planned training in the following year can be covered.

**Review and Update of Policies, Procedures and Guidance**

All policies, procedures and guidance at the service are part of the QCS management system and are updated based on their individual review schedule or more frequently if required.

A review date, next review date and summary of any changes can be found on all policies and procedures to ensure oversight of the review system.

Actions Taken

There have been no outbreaks of infection within the home during the year. Effective Infection Prevention and Control (IPC) measures continue to be embedded in daily practice, helping to maintain a safe environment for residents, staff, and visitors. All staff remain compliant with Infection Prevention and Control training, except for our newest member of staff, Sue, who is due to complete this training as part of her induction programme. Training compliance is monitored weekly by the Registered Manager to ensure standards are maintained and any outstanding training is addressed promptly. Staff demonstrate a good understanding of infection control procedures, including effective hand hygiene, appropriate use of personal protective equipment (PPE), environmental cleaning, and reporting processes. Regular monitoring and observation of practice help to reinforce good standards and identify any areas requiring further support. The service continues to review infection control practices, audits, and training requirements to ensure compliance with current guidance and to maintain high standards of safety and wellbeing for everyone living and working in the home.

This section should detail any actions taken following an outbreak of infection or following recommendations from an audit. The specific actions should be stated where changes in practice have been implemented and new learning outcomes should be described where training materials have been updated.

Additional Information

Further information can be added to this section including specific responsibilities of people within the organisation who hold infection control roles.

Annual Statement created by:	JULIE MILLS
Signed by:	Julie Mills
Date:	11/10/2026