



Longfield Medical Centre

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IPC annual statement report

Longfield Medical Centre

Time period: 01/01/2024 to 03/01/2025

Purpose

Longfield Medical Centre is committed to maintaining a high standard of infection prevention and control within the environment and during any clinical procedures or examination that are undertaken within the practice. This annual statement will be generated each year in January, 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 organisation'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 / compliance.
- Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

The Lead for infection prevention and control at Longfield Medical Centre is Mr Keleher, Advanced Nurse Practitioner and Clinical Support Lead.

The IPC Lead is supported by Advanced Nurse Practitioner Ibrahim-Igbo.

a. Infection transmission incidents (significant events)

Significant 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 Significant Event Analysis (SEA) form which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant 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 **TWO** significant events raised which related to infection control. There has been **ZERO** complaints made regarding cleanliness or infection control.

Significant Events replated to IPC

- 1) 02/07/24: Vaccination drug error. Patient administered 1st Part Shindrix vaccination however patient already had Zostavax vaccine in 2014. Vaccination not required.
 - a. Learning note to clinical team – MUST review patients notes in full and not rely on patient reporting not having vaccine. Discussed at practice meeting and learning taken forward to prevent recurrence. No harm to patient.
- 2) 27/12/24: misplaced specimens due to be sent to Broomfield laboratory. 1 swab and one set of blood found in incorrect box in reception which was not sent to Broomfield laboratory due to being placed in inappropriate area. Resulted in delay in results.
 - a. Patients called and error explained as per duty of candour. Member of staff responsible made aware of importance of correct storage of specimens and local protocol for transport. Discussed at practice meeting to avoid happening again.

b. Infection prevention audit and actions

Environmental Cleanliness Audits

Date	RAG rating	Action plan
26/07/24	83.9%	Escalated concerns with cleaning company manager. Plan to visit Mon 29th and Tuesday 30 th and raise concerns with cleaning staff and input plan to improve on shortfalls: move to eliminate issues such as cobwebs, ledges, and vents with are repetitive issues. Cleaner cupboard not entirely sufficient to meet CQC elements. To be brought to standard.
13/12/24	92.9%	Marked improvement following previous audit. Some additional changes to be made. Mop heads previously changed weekly, increased twice weekly. Kitchenette floor failed and staff fridge needed cleaning. Escalated to cleaning company, to correct issues highlighted.

Antimicrobial use Audits

Date	Audit	Outcome
31/10/24	Appropriate duration of treatment with Antibiotics	80% compliance rate, using 7-day courses instead of 5 days for appropriate infections as per NICE guidance. Clinical meeting presentation by Paramedics to clinical team to reinforce NICE guidance. Follow-up audit to be done in a few months.

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.

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

Risk assessment	Date	Concerns	Action Plan
Clinical Room Sinks	02/07/2024	Sinks in clinical rooms do not have sensor or elbow taps	Awaiting planning permission/funding for building upgrade. Interim, staff to use Alcohol gel after touching taps.
Legionella	09/05/24	Legionella Risk assessment of water system.	Continue regular water testing as per guidance.

In the next year, the following risk assessment will also be reviewed:

1. Legionella
2. Treatment Room Risk Assessment
3. Staff Vaccination Risk Assessments – COVID, Influenza.

d. Training

In addition to staff being involved in risk assessments and significant events, at Longfield Medical Centre, all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually via our E-learning platform, Bluestream Academy.

Over the past 12 months, compliance with Infection Prevention and Control (IPC) mandatory training is 70%

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:

- Infection Prevention Control Handbook 2025- reviewed and amended by ANP Keleher, IPC lead.

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 Longfield Medical Centre to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC Lead and ANP Ibrahim-Igbo are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 03/01/2026

Signed by

A handwritten signature in black ink, appearing to be 'ANP Keleher', written in a cursive style.

ANP Keleher
For and on behalf of Longfield Medical Centre