

Annual statement on compliance with IPC practice

Purpose of the 'Annual statement'

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including service users, visitors and regulatory authorities.

The purpose of this statement is to provide a summary of the infection prevention and control measures implemented by Jodie's Quality Care to minimise the risk of infection to service users, staff, and visitors during the reporting period.

The IPC Lead is responsible for ensuring effective infection prevention and control systems are in place, policies are reviewed regularly, staff receive appropriate training, and audits are completed.

IPC Lead:	Jodie Warr
Unit/Location:	Jodie's Quality Care LTD- Domiciliary Care agency
Date:	15.05.2026

Introduction

This Annual statement has been drawn up in accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*. It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. PPE

Annual statement content

1. Infection transmission incidents and outbreaks

Provide details of infection transmission incidents and outbreaks (which may involve examples of good practice as well as challenging events), how they were investigated, any lessons learnt and changes made as a result to facilitate future improvements.



During the reporting period, the agency monitored and managed infection-related incidents in line with current guidance.

There was no significant infection outbreaks associated with the agency during the reporting period. No infectious illnesses affecting staff or service users were reported. Service users who reported unwell triggered extra PPE cautions such as the use of Masks for carers. Staff are encouraged not to attend work when unwell and are supported to follow guidance relating to infectious illnesses. The agency promotes staff vaccination programmes where appropriate, including seasonal flu vaccination.

Within the last 12 months we have also not undergone any challenging events in terms of infection control, incidents or issues with PPE.

However, we have made changes to facilitate future improvements about infection control. For example, this is our first annual statement regarding infection control. We now have a plan in place to make sure this is completed annually. We have also added to our spot checks hand washing control elements and PPE elements to better tract and create better monthly infection control audits to help support with the annual statement going forward. Infection control audits will be complete monthly going forward.

During the last 12 months there have been no incidents or outbreaks within the practice areas of Jodie's Quality Care. This is the first review completed and we will continue to complete this annual statement annually from the date stated above.

2. IPC Audits and actions

Provide an overview of IPC audit programme as well as examples of good practice and actions taken to address suboptimal compliance.

The agency has carried out regular infection prevention and control monitoring throughout the year, including:

- Spot checks during care visits
- Hand hygiene observations
- PPE compliance monitoring
- Cleaning and equipment checks
- Review of infection incidents and concerns

Any identified issues were addressed promptly through supervision, additional training, or updated procedures.

Examples of good practice:

Throughout the reporting period, the agency demonstrated good infection prevention and control practices, including:

- Staff consistently carrying and using appropriate PPE during care visits monitored through spot checks and no issues found.
- Good hand hygiene practices observed during spot checks and supervision visits.

- Infection control policies readily available to all staff electronically and in hard copy where required.
- Staff completed mandatory infection prevention and control training within required timescales.
- Adequate PPE stock monitoring systems maintained to ensure uninterrupted supply.

Areas of improvement and actions implemented:

In some cases, cleaning was incomplete within service users home.

Actions Taken:

- Staff received additional guidance on cleaning responsibilities.
- Home check spot checks implemented
- Repeat Home check audits carried out to ensure sustained improvement after a negative check

The agency remains committed to learning from audits and continuously improving infection prevention and control standards across all areas of service delivery.

3. Risk Assessments

Provide details of IPC related risk assessments carried out and actions taken to prevent and control infection.

Risk assessments relating to infection prevention and control are completed for service users where required and reviewed regularly to ensure safe delivery of care within the home environment.

- Blood born disease
- Cleaning up high risk areas such as toilets, commodes ect
- Cleaning up sharps and bodily fluids
- Bio-Hazards, contamination and infection control
- COSHH Risk assessments
- Personalised service user risk assessments for Personal care
- Personalised service user risk assessments for Nutrition and hydration
- Personalised service user risk assessments for Medication and Health
- Making a bed including washing
- Catheter care
- Dusting and damp washing
- Legionella

Individual infection prevention and control risk assessments were completed and reviewed regularly for service users where risks were identified. Measures implemented to prevent and control infection included:

- Assessing service users for known infections, infectious illnesses, or increased vulnerability to infection.



- Ensuring staff used appropriate Personal Protective Equipment (PPE) in line with assessed risks and current guidance.
- Promoting effective hand hygiene before and after all care tasks.
- Implementing enhanced cleaning procedures within the home environment where required.
- Safe handling and disposal of clinical waste and contaminated materials.
- Supporting service users with personal hygiene needs to reduce infection risks.
- Providing guidance to staff regarding management of infectious illnesses, including exclusion from work when necessary.
- Encouraging prompt reporting of infection concerns, symptoms, or outbreaks by staff and service users.
- Reducing cross-contamination risks through correct cleaning of equipment and safe working practices.
- Reviewing care plans and risk assessments promptly following any infection-related incidents or changes in health status.
- Liaising with healthcare professionals and following public health guidance where additional infection control measures were required.
- Monitoring staff compliance with infection prevention and control procedures through spot checks, supervision, and audits.

4. Staff training

Provide details of IPC induction training, annual updates and any other IPC related training.

All staff have received infection prevention and control training appropriate to their role. Training has included:

- Standard infection control precautions
- Effective handwashing techniques
- Appropriate use of PPE
- Safe waste disposal
- Prevention of cross-contamination
- Management of infectious illnesses
- Reporting procedures for infection concerns

New employee's complete infection control training as part of their induction, with refresher training provided annually or when guidance changes.

5. IPC Policies, procedures and guidance

Provide details of all policy reviews and updates, together with details of how changes have been implemented.

The agency has maintained up-to-date infection prevention and control policies and procedures, including:

- Hand hygiene
- Use of Personal Protective Equipment (PPE)
- Safe handling and disposal of clinical waste
- Management of bodily fluids



- Cleaning and disinfection procedures
- Food hygiene
- Sharps safety (where applicable)
- Management of infectious diseases
- COVID-19 and respiratory infection guidance

Policies are reviewed regularly and updated in line with current government and public health guidance.

Updates were made in response to:

- Changes in government and UK Health Security Agency (UKHSA) guidance.
- Learning identified through audits, spot checks, supervision, and incidents.
- Changes to best practice recommendations.
- Service delivery needs within domiciliary care settings.
- Implementation of Policy Changes

To ensure all policy updates were effectively implemented:

- Updated policies were circulated electronically to all staff.
- Key changes were discussed during staff meetings, supervisions, and team communications.
- Additional guidance and clarification were provided where required.
- Staff completed refresher training and competency assessments relating to updated procedures.
- Spot checks and audits were undertaken to monitor compliance with revised policies.

6. PPE availability

Appropriate PPE has been made available to all staff to support safe care delivery in service users' homes. Staff have been trained in the correct use, removal, and disposal of PPE.

- Gloves
- Aprons
- Sleeves
- Masks
- Hand sanitiser
- Shields if needed
- Shoe coverings



Management carried out regular monitoring of Personal Protective Equipment (PPE) compliance to ensure staff were following infection prevention and control procedures safely and effectively.

Monitoring activities included:

- Spot checks during care visits to observe correct PPE usage.
- Supervision sessions to assess staff understanding of PPE requirements.
- Monitoring correct application, removal, and disposal of PPE.
- Ensuring staff had access to appropriate PPE supplies at all times.
- Reviewing staff compliance with PPE guidance during audits and competency checks.
- Monitoring PPE stock levels regularly to ensure adequate availability across the service.
- Reinforcing current infection prevention and control guidance through staff meetings and communications.

Urgent Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Audit system	A robust audit system for infection control needs to be implemented.	19.05.2026	Georgia Hughes	Implemented
Timescale on audits	Monthly Infection control audits to begin after presentation of statement.	15.06.2026	Georgia Hughes	Planned
Annual statement implemented	Publish on website and within office	19.05.2026	Georgia Hughes	Completed

Forward plan/Quality improvement plans:

The agency remains committed to maintaining high standards of infection prevention and control. Priorities for the coming year include:

- Continue annual infection prevention and control refresher training for all staff.
- Introduce additional competency spot checks during care visits- specific sections dedicated to PPE and hand washing.
- Provide updates to staff promptly when national guidance changes.



- Review audit findings regularly to identify trends and areas for improvement
Monthly
- Review all infection prevention and control policies annually or sooner if guidance changes.
- Ensure policies remain aligned with current CQC, UKHSA, and government guidance.
- Maintain adequate stock levels of PPE and cleaning materials.
- Continue monitoring supply systems to avoid shortages.
- Ensure staff understand correct PPE usage and disposal procedures.
- Continue completing and reviewing infection control risk assessments for service users.
- Review all infection-related incidents to identify lessons learned.
- Share learning outcomes with staff during team meetings and supervisions.
- Encourage an open culture where staff feel confident reporting concerns or incidents.
- Continue promoting staff wellbeing and safe working practices.
- Encourage uptake of recommended vaccinations, including seasonal flu vaccinations.
- Reinforce guidance for staff not to attend work when unwell.

Progress against this quality improvement plan will be monitored through audits, supervision, staff meetings, and management reviews throughout the year.

IPC statement and Forward plan/Quality improvement plan for presentation to:

Jodie's Quality Care is committed to protecting service users, staff, and the wider community by maintaining effective infection prevention and control practices and promoting a safe care environment within domiciliary care settings.

Date to be presented:

20.05.2026

Review date: 20.05.2027