



Countryview
NURSING HOME
COMFORT AND CARE FOR ALL

ANNUAL INFECTION CONTROL STATEMENT

Organisation Name: Countryview Nursing Home	
Location: Pipe Lane, Kettering, Northamptonshire	
Registered Manager: Ruth Webb	
Infection Control Lead at the Organisation: Ruth Webb	
Date Infection Control Statement Produced: 29 th May 2025	
Date of Next Review: May 2026	
Introduction	
<p>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 <u>Ruth Webb</u> and will be updated annually, when current advice and guidelines change.</p>	
Outbreaks of Infection	
<p>In July 2024 we had multiple cases of diarrhoea and vomiting. Between 18th and 19th July 2024, three residents were affected, each having multiple episodes of diarrhoea.</p> <p>Residents remained in their rooms and barrier nursing took place to manage the outbreak.</p> <p>Of the three residents, two were prescribed laxatives which were temporarily withdrawn. The third resident had recently been prescribed new antibiotics.</p> <p>The duration was two days and families were advised not to visit during this time</p> <p>Staff were advised during handover of the residents effected with reinforcement of IPC procedures. Cleaning and housekeeping staff were also advised when attending work.</p> <p>A D&V Reporting tool was provided and used by the nurse on shift to record current and potential future onset of symptoms with other residents.</p>	

Countryview Nursing Home, Pipe Lane, Warkton, Kettering NN16 9XQ

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Audit Summary

An Overarching IPC Audit is completed by the Registered Manager monthly – this is based on the Department of Health (2006) IPC audit tool to gain an overall perspective and insight of the Nursing Home and includes auditing the following areas

- General Environment including reception, lounge and dining areas, communal bathrooms, toilets, resident rooms, domestic housekeeping and laundry.
- An action plan is maintained for items where improvements are required with a completion date and owner identified for each action. 11 action items were identified during the past 12 months with all now completed.

As well as the main IPC Audit, cleaning regimes for mattresses, bed bumpers, deep cleans, kitchen, curtains, carpets and equipment are maintained by the domestic team and updated on a weekly basis.

The kitchen was last inspected by the local EHO team in 28th February 2025 and received a 5 star rating.

Risk Assessments

Risk assessments are completed for infection control prevention for those receiving care who have a PEG in situ –

- PEG connections are cleaned with sterile water and gauze after every feed
- Medication put into PEG with a syringe which is changed weekly and kept in sterile water in a container after use.
- Flange washed and cleaned daily using sterile water and gauze.

Risk assessments are completed for infection control prevention for those receiving care with a catheter.

- Catheter is changed in line with the dates recorded in the medication room using the sterile technique
- Catheter night bags are changed nightly
- Catheter day bags are changed each Wednesday and Sunday
- Area around the catheter site is washed with warm soapy water night and morning. future.

A full Legionella Risk Assessment was completed in July 2023 and is completed every three years.

An annual Legionella Water Hygiene Test was completed in May 2024 with the official result of "Legionella Not Detected" for all three samples provided to URisk Safety Services.

Countryview Nursing Homes' Waste Contractors for Household and Food Waste are registered with the Environment Agency - CBDU143067 – F & R CAWLEY LIMITED trading as Cawleys

Countryview Nursing Homes' Clinical Waste Contractors for Medical and Clinical Waste are registered with the Environment Agency - Registration CBDU85366 – RENTOKIL INITIAL UK LTD



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Training

Infection Control Training forms part of mandatory training for all staff. This is completed by all newly recruited staff during the first three months of employment.

Refresher/Update Training is completed annually for all staff either via the online training provider – Care Skills Academy or on a paper version with the provider – Learn 2 Excel.

Current compliance is at 96% (with the remainder due within a probationary period or as part of the annual refresher training)

Newly recruited care staff receive supervision on Infection Control during the probation period.

All care staff have regular supervisions on Infection Control

All cleaning staff receive annual COSHH training.

The Local Authority (North Northants Council) IPC Team provide annual face-to-face training for all staff. Training was completed in May and October 2024. Further training has been planned for June 2025.

Communication on Infection Control matters is included in the staff newsletter distributed monthly and referred to in all regular staff meetings.

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 annually or more frequently if required.

The latest Infection Control Policy and Procedure is dated September 2024 and is next set for review in September 2025. A copy of the policy is on display in the staff room, main reception noticeboard and as part of the Infection Control Folder held on the main reception. The policy will display the review date, next review date and summary of any changes.

Actions Taken

The following actions have been taken where a change in practice has been implemented

- Focus on Infection Control based supervisions by the Clinical Lead where areas of improvement have been identified by poor practice and moving to a disciplinary process where practice is not improved.
- Sign off of deep cleans is by Manager or Deputy Manager with a physical inspection of the work completed before sign off
- Reviewed cleaning programme for Nebulisers labelling and replacements with the Clinical Lead
- Agreed a fixed time of day for cleaners to enter the restricted medical room (with supervision) for the deep cleaning of the room



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Additional Information

No additional information required

Annual Statement created by: Ruth Webb

Signed by:

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