

## Annual Infection Control Statement-CC18

Organisation Name:	Terrance House/House 21
Location:	7-19 Belgrave Road, Margate, CT9 1XQ
Registered Manager:	Abigail Chambers/Joanna Glen
Infection control lead:	Janice Chambers
Date infection control statement produced:	08.06.2026
Date of next review:	08.06.2027

### Introduction

As a requirement of the Health and Social Care Act 2008 code of practice on the prevention and control of infection 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 this including residents, their representatives and regulatory authorities. The statement has been produced by Joanna Glen and Abigail Chambers and will be updated annually or when current advice and guidelines change.

### Outbreaks of infection

The outbreaks which have occurred within the service since the 1<sup>st</sup> of June 2025 till the 1<sup>st</sup> of June 2026 are as follows:

#### RESIDENTS

- 1 female resident had an eye infection on the 30.04.2025 which lasted for 5 days, this was treated with antibiotics prescribed by the GP
- 1 female resident had an eye infection on the 27.06.2025 which lasted for 5 days, this was treated with antibiotics prescribed by the GP
- 1 female resident had a urine infection on the 18.07.2025 which lasted for 3 days, this was treated with antibiotics prescribed by the GP
- 1 female resident had a urine infection on the 13.09.2025 which lasted for 3 days, this was treated with antibiotics prescribed by the GP
- 1 female resident had a urine infection on the 31.12.2025 which lasted for 3 days, this was treated with antibiotics prescribed by the GP
- 1 male resident had an eye infection on the 27.11.2025 which lasted for 5 days, this was treated with antibiotics prescribed by the GP
- 1 male resident had a chest infection on the 05.03.2026 which lasted for 5 days, this was treated with antibiotics prescribed by the GP
- 1 male resident had a chest infection on the 15.03.2026 which lasted for 5 days, this was treated with antibiotics prescribed by the GP
- 1 female member of staff had D&V from the 14.12.2025 till 16.12.2025
- 1 male member of staff had D&V from the 28.03.2026 till 29.03.2026
- 1 female member of staff had D&V from the 18.01.2026 till 20.01.2026 and then again on the 03.04.2026 till the 08.04.2026
- 1 female member of staff had D&V from the 10.10.2025 till the 12.10.2025, the again on the 01.12.2025 till the 07.12.2025 and then again on the 27.03.2026 till the 29.03.2026

## Annual Infection Control Statement-CC18

- 1 female member of staff had a chest infection from the 06.06.2025 till the 09.06.2025, they were prescribed antibiotics from the GP to treat this
- 1 female member of staff had a chest infection from the 26.01.2026 till the 29.01.2026, they were prescribed antibiotics from the GP to treat this
- 1 female member of staff had D&V from the 26.01.2026 till the 30.01.2026
- 1 female member of staff had D&V from the 29.05.2026 till the 31.05.2026
- 1 female member of staff and D&V from the 02.02.2026 till the 03.02.2026

When staff were off with the D&V they were reminded by the management team and the person they spoke to when calling in about the policy and procedure of being 48 hours symptom free before returning to work, unless they are working in the kitchen then this is 72 hours symptom free before returning to work.

When staff were off with a chest infection they were reminded by the management team on their return to maintain good levels of hand hygiene and wear a face covering specially when in the communal areas of the home.

When the resident had any infection within the home this was communicated across the staffing group by ensuring that all information needed was on the daily handover's, the relevant information was also added to the person-centred software (PCS) system, and the infection log was updated.

There have been no outbreaks within either staff group or resident group within House 21.

### Audit summary

The audits which have been undertaken in the service since the 1<sup>st</sup> of June 2025 till the 1<sup>st</sup> of June 2026 are as follows:

- 1<sup>st</sup> August 2025 carried out by Abigail Chambers at 11am, the audit which was carried out was the infection prevention and control audit, this audit is completed every quarter in line with policy and procedure
- 1<sup>st</sup> November 2025 carried out by Joanna Glen at 10am, the audit which was carried out was the infection prevention and control audit, this audit is completed every quarter in line with policy and procedure
- 1<sup>st</sup> February 2026 carried out by Joanna Glen at 11am, the audit which was carried out was the infection prevention and control audit, this audit is completed every quarter in line with policy and procedure
- 1<sup>st</sup> May 2026 carried out by Abigail Chambers at 9am, the audit which was carried out was the infection prevention and control audit, this audit is completed every quarter in line with policy and procedure
- 1<sup>st</sup> June 2025 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, the flooring/carpets are not well fitted or are damaged, these actions have been add to the ongoing CIP
- 1<sup>st</sup> July 2025 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, the flooring/carpets are not well fitted or are damaged, these actions have been add to the ongoing CIP
- 1<sup>st</sup> August 2025 an environmental audit was carried out by Joanna Glen at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the

## Annual Infection Control Statement-CC18

walls do not look freshly painted and there are scuff marks, the flooring/carpets are not well fitted or are damaged, these actions have been add to the ongoing CIP

- 1<sup>st</sup> September 2025 an environmental audit was carried out by Joanna Glen at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, the flooring/carpets are not well fitted or are damaged, these actions have been add to the ongoing CIP
- 1<sup>st</sup> October 2025 an environmental audit was carried out by Joanna Glen at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, the flooring/carpets are not well fitted or are damaged, these actions have been add to the ongoing CIP
- 1<sup>st</sup> November 2025 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, the flooring/carpets are not well fitted or are damaged, these actions have been add to the ongoing CIP, the flooring that needed to be changed or fixed has been actioned within the past month so is no longer on the CIP and has been signed off as complete
- 1<sup>st</sup> December 2025 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, these actions have been added to the ongoing CIP
- 1<sup>st</sup> January 2026 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, these actions have been added to the ongoing CIP
- 1<sup>st</sup> February 2026 an environmental audit was carried out by Joanna Glen at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, these actions have been add to the ongoing CIP, works have been started to action the painting were two of the projects team are completing over time work on Saturday's to paint the hallways of the home, this is ongoing until the end of June 2026.
- 1<sup>st</sup> March 2026 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, these actions have been add to the ongoing CIP, works have been started to action the painting were two of the projects team are completing over time work on Saturday's to paint the hallways of the home, this is ongoing until the end of June 2026.
- 1<sup>st</sup> April 2026 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, these actions have been add to the ongoing CIP, works have been started to action the painting were two of the projects team are completing over time work on Saturday's to paint the hallways of the home, this is ongoing until the end of June 2026.
- 1<sup>st</sup> May 2026 an environmental audit was carried out by Joanna Glen at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, these actions have been add to the ongoing CIP, works

## Annual Infection Control Statement-CC18

have been started to action the painting were two of the projects team are completing over time work on Saturday's to paint the hallways of the home, this is ongoing until the end of June 2026.

- 1<sup>st</sup> June 2026 an environmental audit was carried out by Abigail Chambers at 10am, this audit is completed every month in line with policy and procedure, the actions from this audit are that the walls do not look freshly painted and there are scuff marks, these actions have been add to the ongoing CIP, works have been started to action the painting were two of the projects team are completing over time work on Saturday's to paint the hallways of the home, this is ongoing until the end of June 2026.

Within the home there is also a weekly environmental walk around which is carried out by Support Services Supervisor Janice Chambers, any actions from this walk round is then added to the maintenance book and also shared via email to the managers of the home as well as Mick Jones, these are carried out every Thursday and are evidenced on outlook.

### Risk assessments

The risk assessment which has been undertaken in the service since the 1<sup>st</sup> of June 2025 till the 1<sup>st</sup> of June 2026 are as follows:

- 2 residents have a catheter in situ, all information relating to this is incorporated within their personalised care plan on the PCS system, if there are any concerns relating to their catheter then this is documented and shared via the daily handovers, if there are any concerns then these are acted on promptly with the district nursing team coming to the home to offer support and guidance with this.

### Training

The training which has been received by staff is as follows:

- We have 46 members of staff employed for the service
- All these 46 staff complete infection prevention and control training
- This training is provided by the online platform broad shield
- This training is refreshed every 12 months for each staff member

### 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.

Policy of the week is shared via the team and shared on rota cloud.

### Actions taken

The actions taken during an outbreak have been detailed in the relevant sections within this statement

### Additional information

The main infection control lead of the home is Janice Chambers her title is Support Services Supervisor. This is then overseen by Abigail Chambers and Joanna Glen, if neither Abigail or Joanna are available then Head of Care Sam Fowler will oversee this.

Terrance House Care Limited, 7-19 Belgrave Road, Margate, Kent, CT9 1XQ

## **Annual Infection Control Statement-CC18**

Annual statement created by:	Abigail Chambers
Signed by:	ACHAMBERS
Date:	08.06.2026