


Church View Surgery, Dean Cross Surgery, Wembury Surgery & Yealm Medical Centre  
working together as **Mewstone Primary Care Network**

## INFECTION PREVENTION & CONTROL ANNUAL STATEMENT

Practice	
Infection Prevention & Control Lead	Sarah Timmis, Practice Nurse
Management support to IC Lead	Kevin Marsh, Project Manager
CQC Registered Manager	Nina Kaitiff, Senior GP Partner
Date of last Audit	February 2025

### Purpose of this statement

This annual statement will be generated each year in April 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*. It summarises:

- 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 undertaken, and actions taken/planned.
- Details of any risk assessments undertaken for prevention and control of infection
- Antimicrobial Stewardship
- Details of staff training
- Any review and update of policies, procedures, and guidelines

### Infection transmission incidents (Significant Events)

Significant events (good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed monthly at the Clinical meeting and learning is cascaded to all relevant staff.

The Lead Practice Nurse attends the monthly Clinical Meeting and discusses Infection Prevention & Control matters.

## Infection Prevention Audit and Actions

The Infection Prevention and Control audit for 2025 has been completed by Sarah Timmis (Practice Nurse), with support from a Kevin Marsh (PCN Project Manager).

### Positive findings

- Waiting area tidy, uncluttered and high standard of cleanliness.
- High standard of cleanliness in the toilets.
- Safe specimen receipt process.

The following actions are planned for this year:

- Discuss and address with the cleaning team, the poor standard of cleanliness of couch frames and curtains rails.
- Reiterate and apply best practice for Sharps Management, specifically the proper use of Sharps bins.
- Update the planned maintenance programme, specifically cleaning of fans.
- Update the planned replacement programme, specifically regarding the number of non-wipeable, and often well worn, patient/staff chairs.
- Review and implement revised process for recording receipt of vaccines.
- Update the risk register for Infection Prevention and Control issues from the findings of this audit.
- Review and plan appropriate actions for National surveillance, i.e. anti-microbial stewardship audit.
- Ensure Infection Prevention Control is a standing item on Practice Meeting agendas.
- Introduction of monthly cleanliness audits.
- Resolve the lack of wall mounted soap dispensers across both consultation/treatment rooms and toilets.
- Review and implement a process for equipment decontamination and labelling.

Church View Surgery plan to undertake the following audits in 2025.

- On-going hand hygiene practice audits
- Monthly cleaning audits.

## Risk Assessments

Risk assessments are carried out to manage and control potential risk. In the last year the following risk assessments were carried out / reviewed:

### Risk Assessment Infection Control- 2025

#### **Soap dispensers on walls-**

- High risk

- Soap collecting on sinks
- Plan- replace for wall mounted soap dispensers- ordered awaiting mounting

#### **Curtains out of date**

- High risk
- Plan- curtains ordered and have started replacing

#### **Sharps bins not labelled**

- Low risk
- Unsure of who has started them and duration of use
- Plan- educate staff to document when starting new sharps bin/ closing

#### **Baby change unit**

- High risk
- In current patient treatment room
- Plan- has been ordered to be wall mounted in disabled toilet

#### **No isolation room**

- High risk- (potential to have infected patient)
- Plan- Old couch has been removed- room now allocated, needs storage items to be moved

#### **Dirty fans**

- High risk-
- Plan- to be cleaned regularly/ before used and stored away when not in use

#### **Material chairs-**

- High risk
- Clinic rooms and waiting rooms. Unable to be wiped clean effectively
- Plan- replace when funds allow. Prioritise chairs in clinical rooms

#### **Sinks-**

- Medium/High risk
- Not recommended models. Most have overflows, hot and cold taps with twist taps. One swan tap in treatment room B and sink with draining board.
- All will need to be replaced as funds allow

### **Flooring**

- Medium risk
- Carpet in 2x clinical rooms, waiting areas and corridors. Unable to wipe clean. High risk.
- Plan- replace with hard flooring as funds allow. To priorities clinical rooms

### **Desks-**

- Medium risk
- Unable to wipe clean in treatment room 3 due to aging of wood.
- Plan- to replace- new one has been ordered

### **Notice boards in clinical rooms-**

- Medium risk
- Numerous files and not laminated.
- Will discuss with staff. Plan to reassess in 1 month

## **Training**

Clinical staff and non-clinical staff undertake infection control training via Practice Index; this is completed during induction and then as part of annual update training.

Practice Index has in-built monitoring that alerts staff and managers when updates are required.

## **Policies**

The Infection Prevention and Control policy (Group policy across Mewstone PCN) was updated in September of 2025.

Policies relating to Infection Prevention and Control are available to all staff, reviewed and updated annually and amended on an on-going basis as current advice, guidance, and legislation changes.

## **Antimicrobial Stewardship**

Doctor Amanda Kemp is currently responsible for the antimicrobial stewardship

## **Review date**

**March 2026**

**The Infection Prevention and Control Lead and the Practice Manager are responsible for reviewing and producing the Annual Statement.**