ANNUAL INFECTION PREVENTION AND CONTROL (IPC) STATEMENT

Practice Name: Peverell Park Surgery

Date: May 2026

Introduction

This Annual Infection Prevention and Control Statement has been produced in accordance with the requirements of the Health and Social Care Act 2008 and guidance issued by the Care Quality Commission.

The statement outlines the systems and processes in place to minimise the risk of infection and ensure patient and staff safety within the practice.

Infection Prevention and Control Lead

The designated Infection Prevention and Control (IPC) Leads for the practice are:

Name: Kayleigh Dymond

Role: Operational Lead Nurse

Name: Heidi Metcalfe

Role: Long Term Conditions Lead Nurse

The IPC Lead is responsible for overseeing infection prevention arrangements, staff training, audits, policy reviews, and monitoring compliance with current guidance.

Policies and Procedures

All infection control policies were updated in April 2026.

New Standards of Procedure (SOP's) have been created to support policies including:

- Isolation of infectious patients
- Transporting clinical specimens
- Specimen requests, collection and handling

Staff Training

All staff receive IPC training appropriate to their role, including induction and refresher training.

Hand Hygiene training frequency was reviewed and updated because of relevant audits.

Staff compliance with mandatory IPC training is monitored by the practice.

Audits and Risk Assessments

The practice undertakes regular IPC audits and risk assessments.

Recent audits include:

- Hand Hygiene – mandatory training frequency has been increased.
- Vaccine Storage – storage baskets have been implemented to assist with fridge cleaning and stock rotation.
- National Standards of Healthcare Cleanliness 2025 audit – FR risk categories assigned
- Urine specimen audit – processes reviewed, and new SOP developed.
- Risk assessment completed for drugs that are carried on site and those are not with clinical rationale
- Carpet remaining in 2 clinical rooms – flooring to be replaced with the long term building extension plan This is also the case for replacing sinks to be regulation compliant.

Any actions identified are documented and addressed appropriately.

Significant Events

During this reporting period: No significant IPC incidents occurred.

Any significant event would be thoroughly investigated and any relevant learning/necessary changes to practice would be cascaded to relevant staff groups.

Cleaning and Decontamination

The practice maintains appropriate standards of cleanliness throughout all clinical and non-clinical areas.

An external cleaning company is employed for daily cleaning of the practice. Clinical equipment is cleaned and decontaminated in accordance with manufacturer guidance and national standards.

A comprehensive clearout and reorganisation of clinical rooms took place in March to reduce clutter, optimise storage, and ensure supplies are accessible, standardised, and compliant with infection prevention and control requirements.

A new external contractor has been employed by the practice to carry out Leigonella testing, this started with an initial assessment and testing is ongoing.

All areas of the practice have been assessed and allocated a Functional Risk Category in line with the National Standards of Healthcare Cleanliness 2025, each risk area has an associated cleaning schedule, both of which are displayed in each room.

Staff Health

The practice encourages staff to comply with occupational health requirements and recommended immunisations, including seasonal influenza vaccination.

All staff immunisation records are currently being reviewed.

Staff are expected to report illness that may affect patient or staff safety.

Antimicrobial Stewardship

The practice supports responsible antimicrobial prescribing and follows local and national prescribing guidance to reduce antimicrobial resistance.

Review and Future Priorities

The practice remains committed to maintaining and improving Infection Prevention and Control standards.

Planned priorities for the next 12 months include:

- Deep clean of entire practice by external cleaning contractor
- Continue to embed new National Standards of Healthcare Cleanliness 2025
- Update all staff immunisation records
- Complete monthly and annual audits
- Replace clinical trolleys to be rust and damage free, IPC compliant

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Signed: K.Dymond **Role:** Operational Lead Nurse

Name: Kayleigh Dymond **Date:** 11.05.2026