MOUNT ROAD SURGERY

Infection Prevention and Control (IPC) Annual Statement

Period: August 2025 – August 2026

Mount Road Surgery is committed to maintaining high standards of Infection Prevention and Control (IPC) to protect patients, staff, visitors and contractors from the risk of avoidable infection. We maintain a safe environment through effective cleaning, appropriate use of personal protective equipment (PPE), safe waste and sharps management, robust decontamination processes, up-to-date policies, staff training and ongoing risk assessment.

Purpose of this Statement

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, this annual statement is produced to summarise:

- Any infection transmission incidents (Significant Events) and action taken
- Details of IPC audits undertaken, and resulting actions
- Details of risk assessments undertaken for the prevention and control of infection
- Details of staff training in infection prevention and control
- Review and update of IPC-related policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

Mount Road Surgery has one designated Lead for Infection Prevention and Control:

IPC Lead: Mandy Hockey – Practice Nurse

The IPC Lead is the first point of contact for staff regarding IPC concerns and supports the maintenance of a safe environment for patients, visitors, contractors and staff. Patients and visitors may also raise any cleanliness or IPC concerns via the Reception team.

The IPC Lead is responsible for:

- Monitoring IPC systems and compliance across the practice
- Completing, reviewing and documenting IPC risk assessments
- Reviewing and adopting national IPC policy guidance and ensuring local implementation
- Delivering IPC updates and promoting good practice among staff
- Undertaking IPC-related audits, checks and monitoring logs, and ensuring actions are completed
- Keeping up to date with current infection prevention practice

Infection Transmission Incidents (Significant Events)

Significant events, which may involve examples of good practice as well as challenging events, are investigated to identify learning and to indicate changes that might lead to future improvement. Any significant events are reviewed promptly, with learning cascaded to relevant staff.

In the period covered by this statement, there have been no significant events raised relating to infection prevention and control.

Infection Prevention Audits and Monitoring

Routine monitoring is embedded into daily practice, including the following checks and logs:

- Daily vaccine fridge temperature monitoring recorded on the Fridge Temperature Monitoring Log, with max/min readings checked and reset Twice daily
- Hand hygiene facilities and technique, in line with the Hand Hygiene Policy for General Practice
- PPE availability and appropriate use

- Cleaning standards and cleanliness of clinical and non-clinical areas

Should any fridge temperature excursion or fault occur, this is escalated immediately to LEC Medical (equipment) and, where vaccine viability is in question, to the Greater Manchester Screening and Immunisations Team.

The practice plans to formalise an annual internal IPC and environmental audit, alongside quarterly reviews of hand hygiene and PPE compliance, to further strengthen ongoing assurance.

Risk Assessments

Risk assessments relevant to infection prevention and control are carried out and reviewed by the IPC Lead. The following risk assessments have been completed and are held on file:

Risk Assessment	Reference	Date Assessed	Review Date	Outcome / Residual Risk
Legionella and Other Water Supply Related Infections	HS-LEG-01	26/07/2026	July 2027	Medium (existing controls in place; monthly checks continue)
Provision of Hand Sanitiser Stations (Entrance and Exit)	HS-ENT-01	20/07/2026	July 2029	Low (existing controls adequate)
Staff Vaccination Status – Infection Prevention and Workforce Risk	HS-VAX-01	26/07/2026	July 2027	Low–Medium (staff vaccination records maintained and monitored)

Legionella (Water) Risk Assessment

The practice has conducted a water safety risk assessment covering all hot and cold water systems, the staff shower, drinking water outlets, non-portable outlets and infrequently used outlets, to ensure the water supply does not pose a risk to patients, visitors or staff. Water systems are checked monthly.

Hand Sanitiser Stations

A risk assessment has been completed for the hand sanitiser stations provided at the main entrance and exit for service users, covering risks such as slips from spilled gel, skin irritation, accidental ingestion and fire risk from alcohol-based product storage. Controls include appropriate storage of replacement stock away from heat sources, and staff awareness of reporting routes.

Staff Immunisation

The practice ensures staff vaccination status is recorded, monitored and kept up to date where relevant to patient-facing duties (including influenza, COVID-19, Hepatitis B and MMR as applicable to role), supported by occupational health referral where required. Staff records are held confidentially and accessed only by those authorised, in line with UK GDPR and the Equality Act 2010. The practice takes part in National Immunisation campaigns for patients and offers vaccinations in-house and via home visits.

Food Hygiene

A Food Policy is in place covering the safe handling, storage and disposal of food brought onto the premises by staff and service users, including use of the shared food fridge, food storage areas and food waste disposal, in line with the Food Safety Act 1990, Food Hygiene (England) Regulations 2013 and CQC Regulation 15.

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Staff Training

- All staff receive training in infection prevention and control appropriate to their role, including hand hygiene, aseptic/clean technique, PPE use, antimicrobial stewardship and waste handling via Bluestream annual updates and any other as needed through our IPC Lead.
- Clinical staff undertaking aseptic technique are trained, assessed and subject to competency reassessment at least every 3 years
- The IPC Lead keeps up to date with current infection prevention practice and attends relevant updates

Policies, Protocols and Guidelines

Mount Road Surgery has adopted the Community Infection Prevention and Control Policies for General Practice, produced by Harrogate and District NHS Foundation Trust, together with locally produced procedures and risk assessments. The following IPC policies have been formally adopted and are in date:

Policy	Version	Adoption Date	Review Date
GP 01 – Antimicrobial Stewardship	2.00	21/05/2026	21/05/2028
GP 02 – Aseptic Technique	4.00	21/05/2026	21/05/2028
GP 06 – Hand Hygiene	4.00	21/05/2026	21/05/2028
Food Policy – Food Brought onto the Premises	1	26/07/2026	July 2029
Fridge Temperature Procedure	-	In use	Annual (log renewed each January)

IPC-related policies are available to all staff, reviewed at least annually (or sooner if guidance or legislation changes), and are circulated for staff reading and discussion at practice meetings.

Responsibility

It is the responsibility of everyone at Mount Road Surgery to be familiar with this Statement and with their roles and responsibilities under it.

The Infection Prevention and Control Lead, Mandy Hockey, is responsible for reviewing and producing the Annual Statement for and on behalf of Mount Road Surgery.

Review Date

This statement will be reviewed annually, or sooner if required by a significant event, audit finding, or change in national guidance.

Next Review Due: December 2026 and annually thereafter