



## IPC annual statement report

---

St Melor House Surgery

31/12/2025

### Purpose

This annual statement will be generated each year in December, 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. The report will be published on the organisation's website and will include the following summary:

- 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 carried out, and actions undertaken
- Details of any risk assessments undertaken for the prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures and guidelines

### Infection Prevention and Control (IPC) Lead

The Lead for infection prevention and control at St Melor House Surgery is Zoe Tobin (Nurse manager / IPC lead)

The IPC Lead is supported by Amber Wildey (Student Nurse Associate / HCA)

#### a. Infection transmission incidents (significant events)

Significant events involve examples of good practice as well as challenging events.

Positive events are discussed at meetings to allow all staff to be appraised in areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year, there have been **2** significant events raised which related to infection control, including:

- Incorrect storage of mops and missing yellow mop for clinical rooms
- Domestic and recycling bins outside not locked after use



There have also been **1** complaint made regarding cleanliness or infection control:

- Complaint from a patients partner re; non- glove use during a phlebotomy procedure

#### **b. Infection prevention audit and actions**

Monthly cleaning audits are undertaken and recorded with the IPC lead / Practice manager and a representative from the external cleaning company in attendance.

Clinical curtain checks are carried out as part of the monthly cleaning walk around and a spreadsheet is kept up to date outlining dates due change and when this is actioned.

A full premises audit is undertaken on an annual basis by the practice IPC team, the last annual audit was conducted in **July 2025** with **89%** compliance recorded, which indicated that **action is required**, with **28** flagged actions including:

- Chairs not wipeable in reception / waiting areas
- Care environment issues, such as cluttered clinical areas and build up of dust and limescale
- Blind and flooring needing addressing in staff toilet
- Storage of items on the floor in reception / office areas
- Incorrect storage of cleaning equipment
- Some taps in clinical areas potentially non complaint as single taps with no elbow / sensor function

There is an improvement on the previous annual premises audit score of **79%** compliance, but still some outstanding actions.

An annual staff hand hygiene audit is conducted to check compliance.

An annual waste audit is conducted in accordance with the local commissioned waste provider.

Actions from IPC audits are shared with relevant staff and taken to clinical governance meetings as indicated.

Plan of audits to be conducted over the coming year **2026**:

- Annual cold chain audit
- 3 monthly sharp safety audits
- Staff training audit of compliance
- Correct PPE technique- spot check audit
- Minor surgery audit



### c. Risk assessments

Risk assessments are carried out so that any risk is minimised and made to be as low as is reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed.

In the last year, the following risk assessments were carried out/reviewed:

- General IPC risks- Annual audit of premises
- Staffing, new joiners and ongoing training- Induction IPC checklist introduced for new staff / students
- Cleaning standards- FR commitment to cleanliness cleaning summaries displayed in each area
- Privacy curtain cleaning or changes- spreadsheet for routine changes maintained, curtains reviewed for cleanliness daily by room user and as part of monthly cleaning audit
- Staff vaccinations- Risk assessment created for non- responders to Hep B vaccination, MMR vaccination offered to staff as part of national catch-up offer
- Infrastructure changes- New clinical rooms due to be finished Jan 2026- compliance of areas / risk assessment completed

In the next year, the following risk assessment will also be reviewed:

- Related Health & Safety documents, such as water safety and COSHH
- Clinical waste management- due to a change of contractor due in **April 2026**

### d. Training

In addition to staff being involved in risk assessments and significant events, at St Melor House Surgery all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

Various elements of IPC training in the previous year have been delivered at the following times:

- Staff self- directed learning via blue stream modules
- Attendance of an online update- attended by the IPC lead
- Attendance of the BSW IPC leads group meetings and webinars- attended by the IPC lead
- IPC update for all staff, delivered by the IPC lead at the annual staff away day.

### e. Policies and procedures

The infection prevention and control-related policies and procedures that have been written, updated or reviewed in the last year include, but are not limited to:

- Patient placement / assessment for infection risk
- Hand hygiene
- Respiratory and cough hygiene
- Personal protective equipment (PPE)



- Safe management of the care environment
- Safe management of blood and body fluids spillages
- Safe disposal of waste (including sharps)
- Occupational safety: prevention of exposure (including sharps injuries)

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

**f. Responsibility**

It is the responsibility of all staff members at St Melor House Surgery to be familiar with this statement and their roles and responsibilities under it.

**g. Review**

The IPC Lead and the Practice Manager are responsible for reviewing and producing the annual statement.

**This annual statement will be updated on or before 31<sup>st</sup> December 2026**

**Signed by**

**Zoe Tobin**

Zoe Tobin – IPC lead  
For and on behalf of St Melor House Surgery

**Signed by**

Jenny Holmes – Practice Manager  
For and on behalf of St Melor House Surgery