

THE CANFORD HEATH GROUP PRACTICE



Infection Control Audit tool for General Practice

Date Feb 2026

Audit undertaken by Kitt Harris, Practice Nurse & Infection Control Lead

Hand Hygiene

Standard: Hands are decontaminated correctly using an appropriate agent at the facilities available, to reduce the incidence cross infection.

Answer Yes, No or N/A for <u>all</u> questions	Yes	No	N/A	Evidence
Nursing staff have been instructed on a good hand hygiene technique	Yes			Hand hygiene annual audit of all staff is in session due completion end of March 2026
Medical staff have been instructed on a good hand hygiene technique	Yes			Educated/refreshed during audit with the light box march 2024 – unable to get lightbox again this year, will try again for 2027 audit
Liquid soap is available at all sinks in the clinical areas including consultation rooms	Yes			
Paper towels are available at all sinks in clinical areas	Yes			
Hand wash areas are free from reusable towels	Yes			
Sinks in clinical areas are free from nail brushes	Yes			
Hands of clinical staff are free from jewellery e.g. watches, stoned rings	Yes			
Sinks in clinical areas are free from cups and drinking facilities	Yes			
Access to handwashing basin is clear e.g. no equipment	Yes			GP rooms have a fixed plug in the sink that can

soaking in the sink				cause splashback. Some GP sinks areas not clear so impedes cleaning of sinks etc but basin clear so handwashing can occur.
Chlorhexidine or alcohol hand rub is available for use	Yes			
Mixer taps or thermostatically controlled hot water is available at sinks in clinical areas		No		Not ALL clinical rooms have mixer taps, some of the sinks are also very small and the taps too close to the basin making it difficult to get the hands under the running water without touching the sides of the sink – this is therefore inadequate. Many of the GP rooms have a mixer tap, not elbow taps but can be used hands free if they are loosened a little as presently they are tricky to lift up – These sinks also have fixed plugs in them, this is an infection control issue as the water hits the plug and slashes water when washing hands. This was highlighted in the 2019 audit and remains unchanged
Elbow taps are available at sinks in clinical areas		No		Most rooms had a levered tap of sorts not always an elbow tap. In some rooms the taps need to be adjusted as they are too close to the wall to be able to use the levers and also too close to the sink edge to be able to get hands under the running water without touching the sink. See individual room table for details
A poster demonstrating effective hand wash technique is available near at least one hand wash basin	Yes			

Section 2: Clinical Practice

Standard: Clinical practices will reflect infection control guidelines and reduce the risk of cross infection to patients, whilst providing appropriate protection to staff.

Answer Yes, No or N/A for <u>all</u> questions	Yes	No	N/A	Evidence
Infection Control Guidelines are available	Yes			Live policies and procedures on shared drive
Staff are aware of Infection Control Guidelines	Yes			
Sterile latex/nitrile gloves are available	Yes			
Disposable plastic aprons are available	Yes			
Eye and face protection is available	Yes			

Specimen handling

				Evidence
Staff are trained to handle specimens	Yes			
Food and drink is stored/prepared away from specimens and specimen collection areas	Yes			
Specimens are disposed of correctly	Yes			
Specimens are transported in a safe container in accordance with local policy	Yes			

Use of analytical equipment

Answer Yes, No or N/A for <u>all</u> questions	Yes	No	N/A	Evidence
Disposable gloves are worn by the operator for urine/blood analysis	Yes			
A system is in place for breakdown and repair of analytical equipment	Yes			John arranges the equipment to be calibrated and has the records – completed 09/01/2026
Equipment is maintained and cleaned regularly	Yes			

Section 3: Sharps handling and disposal

Standard: Sharps will be handled in accordance with guidelines in order to negate the risk of sharps injury.

Answer Yes, No or N/A for <u>all</u> questions	Yes	No	N/A	Evidence
Sharps boxes are available for use and conform to British Standard 7320 and UN 3291	Yes			
The sharps box is an appropriate size for the amount of use	Yes			
Box is less than 3/4 full with no protruding sharps		NO		Since Kieran started and regularly checks sharps this has greatly improved. X2 were OOD when room audit completed
The sharps box is correctly assembled - check lid is secure	Yes			Improvements since kieran started to check and replace
The sharps box is labelled with point of source		No		Some sharp bins had no dates on at all – see room details
Sharps are disposed of directly into a sharps box following use	Yes			
Sharps boxes are locked when 3/4 full and not reused	YES			Great improvements non over used
Sharps are not decanted from one receptacle to another	Yes			
Sharps boxes are stored above floor level and safely out of reach of children and visitors	Yes			
A sharps injury/significant exposure policy is available	Yes			
Staff are aware of procedure to follow following a sharps injury/significant exposure	Yes			
A sharps injury first aid poster is on display in at least one clinical area	YES			
Full sharps boxes are stored in a designated locked area awaiting collection/disposal	Yes			

Section 4: Waste Disposal

Standard: Waste will be disposed of safely without risk of contamination and within current guidelines.

Answer Yes, No or N/A for all questions	Yes	No	N/A	Evidence
A clinical waste policy is available	Yes			
The clinical waste policy is known to staff	Yes			
All clinical areas have foot operated waste bins		NO		Multiple open top waste bins in clinical rooms need removing see individual room info for details – this has been highlighted in previous audits and must be addressed Remains an issue and reported for many years and not being addressed
Foot operated bins are in working order	Yes			
Orange bags are used for disposal of clinical waste	Yes			
Waste bags are less than 2/3 full and securely tied	Yes			
Household waste is placed in black bags and securely tied	Yes			
Clinical waste and domestic waste is correctly segregated	Yes			
Clinical waste is stored in designated area prior to disposal	Yes			
The storage area is locked and inaccessible to pests and unauthorised persons	Yes			
The storage area is cleaned at least weekly and immediately following a spill		No		Not cleaned weekly but yes after a spill
Bags are labelled with source (Practice name) - in accordance with the Duty of Care	Yes			

Appropriate protective clothing is available for staff handling clinical waste bags	Yes			
Collection of clinical waste is undertaken by a registered company and disposed of by incineration	Yes			

Section 5: Decontamination of equipment

Please indicate method used by the practice: -

1. Single-use sterile instruments purchased: Manufacturer **Various**
Supplier **Hillcroft**

2. Sterile Services department (please state which SSD used).
CSSD – Alderney Hospital

3. In-house sterilisation using: Non-vacuum benchtop autoclave
Vacuum benchtop autoclave
N/A

NB: If instruments are being sterilised in-house complete also section 5a

Answer Yes, No or N/A for <u>all</u> questions	Yes	No	N/A	Evidence
Staff are aware of the new European guidelines (for implementation April 2007)			N/A	
There is no evidence of single use items being reused	Yes			
If a deep sink is available, it is separate to hand washing facilities	Yes			Theatre and room next door room have a deep sink – but this is only used for handwashing

Staff are aware of the need for completing decontamination certificates prior to sending equipment for maintenance and repair	Yes			
Sterile and clean products are stored in appropriate containers, above floor level	Yes			
Equipment sterilised by outside contractors are in date	Yes			
If instruments are sent off site for sterilisation, there is a designated place to put them to await collection which is secure from members of the public, animals etc	Yes			
Contaminated instruments are transported in containers compliant with the Carriage of Dangerous Goods on the Road Act 2004.	Yes			
Nebuliser machines are decontaminated appropriately between use	Yes			
All nebuliser equipment (including tubing) is single patient use only and disposed after patient use	Yes			
Propulse ear syringe machines are cleaned and disinfected with a chlorine-releasing disinfectant according to manufacturer's instructions prior to the first use each day and between patients.			N/A	
Single-use disposable tips are used on Propulse machines			N/A	
Single use sigmoidoscopes and proctoscopes are used			N/A	

Standard: Decontamination of re-useable medical instruments will ensure all such instruments are adequately decontaminated prior to re-use and any associated risks are managed.

Answer Yes, No or N/A for <u>all</u> questions	Yes	No	N/A	Evidence
The organisation has comprehensive procedures and a policy for the cleaning, disinfection, inspection, packaging, disposal, sterilisation, transport and storage	Yes			
Organisational structures are in place to ensure, distribution, compliance and monitoring of the decontamination policy and procedures	Yes			
There is no evidence that the organisation is reusing single use items	Yes			
Contaminated instruments are stored safely prior to decontamination	Yes			
A Washer Disinfector – (W/D) is available and is used routinely for washing/disinfecting re-usable surgical instruments			N/A	
USC is located in designated washroom/dirty room			N/A	
The W/D is subject to commissioning, periodic testing by a suitable qualified test person as identified in HTM 2030			N/A	
The daily and weekly housekeeping and safety checks are carried out and recorded			N/A	
All users receive training and a certificate on proper use of the machine is available			N/A	
The W/D produces a print out of all cycles to enable documentation of cycle variables			N/A	
Instruments are inspected following W/D, and is reflected in policies and/or procedures			N/A	

Answer Yes, No or N/A for <u>all</u> questions	Yes	No	N/A	Evidence
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USC is located in designated washroom/dirty room			N/A	
Instruments are not manually cleaned prior to loading in the USC			N/A	
There is a defined loading pattern and max load			N/A	
USC has tight fitting lid			N/A	
The chamber is emptied after each cycle			N/A	
Instruments are inspected for cleanliness following cleaning cycle – this is reflected in policies and or procedures			N/A	
All users receive training and a certificate on proper use of the machine is available			N/A	
Tank water is cleaned when; visibly dirty, and daily– this is reflected in policy and or procedures			N/A	
Strainer and filter is cleaned or changed daily			N/A	
Quarterly performance tests are carried out			N/A	
Test results and maintenance documentation is kept with machine			N/A	
Quarterly and annual testing is performed by independent authorised test person, in accordance with HTM 2030			N/A	
USC are used only when W/D is contra indicated, or prior to decontamination in W/D			N/A	
A validated steam sterilizer is used, maintained and operated in accordance with Health Technical memorandum 2010 Part 1 and MDA DB 9605			N/A	
Automatic control test - Temperature recordings and holding times are recorded daily before use in the sterilizer log book. In accordance with HTM 2010			N/A	
Sterilizing Equipment is clean and in a good state of repair			N/A	
The reservoir is drained and left clean and dry at the			N/A	

end of each session				
Only 'sterile water for irrigation' is used in the autoclave and opened bottles are discarded			N/A	
Only trained staff are permitted to use the sterilizer			N/A	
Equipment to be sterilized is not wrapped and does not contain lumens unless sterilizer contains a vacuum cycle			N/A	
Instruments required to be sterile at the point of use are pre-packed sterile or sterilized immediately prior to use			N/A	
Sterilizer is positioned in a separate clean room			N/A	
Separate Washroom/dirty room and clean room are available			N/A	
If transport containers are in use they are clean and in good working order			N/A	
A workflow system segregates clean from dirty procedures			N/A	
There is effective segregation of dirty from clean instruments			N/A	
All equipment is stored dry and is covered			N/A	
There are appropriate Personal Protective Equipment available i.e. disposable gloves, plastic apron, goggles			N/A	
Furniture and the environment is visibly clean, with no body fluids, dust, dirt or debris			N/A	
There is no evidence of single use items being reused			N/A	
There is adequate ventilation in the clean and dirty room to service W/D and sterilizer			N/A	

Section 6: Environment

Standard: The surgery environment will be appropriately maintained to negate the risk of cross infection.

Answer Yes, No or N/A for all questions	Yes	No	N/A	Evidence
All general areas are clean	Yes			
Clinical rooms are clean		No		<p>Highlighted in previous audits and still to be actioned:</p> <p>There are areas in certain GP rooms which cannot be cleaned due to the clutter on the work surfaces, additional unnecessary furniture see clinical room audit and photos for details</p> <p>ALSO see note from cleaners on why the rooms are not possible to be properly cleaned due to clutter from 2025 audit have asked for their input this year await their response if they provide it.</p>
Surfaces are in a good state of repair		No		Many of the desks have chips on the sides the main desk tops are in tact, see individual rooms on the separate audit
Treatment rooms have smooth, impermeable, easily cleanable flooring with concave skirting edges.	Yes			
The clinical room is free from inappropriate items of equipment		No		<p>Many of the GP rooms have too much clutter on the work tops and shelves, there is additional unnecessary furniture/equipment in some GP rooms – this will have an adverse effect on how well the floors get cleaned.</p> <p>Notice boards are cluttered with notices that are not wipeable.</p>

				Again all highlighted in previous audits
All sterile products are stored above floor level	Yes			
Sluice areas are clean and free from spillage			NA	
Kitchens are clean and not used for specimen/medical equipment storage	Yes			
Examination/treatment couches have wipeable surfaces	Yes			
Examination/treatment couches are in a good state of repair		No		Predominantly all intact some have minor tears on edges. Phleb chair arms also need recovering 2025 – worsened over the 12 months and now has tears on seat and legs
Disposable paper is used to protect the examination/treatment couches	Yes			
Non-disposable laundry is either laundered and changed daily on site or sent to an external laundry service	Yes			
Toys are wipeable and in a good state of repair	Yes			One still remains in CA room PLEASE REMOVE!!
There is a regular cleaning programme for toys		NO		As above
Posters are appropriate, up-to-date and clean/tidy		No		Improvements to many GP rooms for the cluttered notices however many remain cluttered. Can any notices/posters that remain be in polly pockets or laminated so they are wipe clean.
Guidelines for cleaning staff are available	Yes			
Appropriate products are available for the cleaning staff (ie detergent / chlorine releasing)	Yes			

Cleaning equipment (mops, buckets and cloths) is designated for use and is stored clean, dry and inverted	Yes			
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Section 7: Cleaning products

Standard: Appropriate cleaning products are used correctly to reduce the risk of cross contamination.

Answer Yes, No or N/A for all questions	Yes	No	N/A	Evidence
Guidelines on decontamination of environment and equipment are available	Yes			
Staff are aware of these guidelines	Yes			
Detergent, either solution or wipes, are available	Yes			
A chlorine releasing agent is available for disinfection	Yes			
Dilution for disinfection of environment (0.1%) and blood spillages (1%) is known	Yes			
Chemical disinfectants are used only for heat labile equipment	Yes			
Data sheets are available on products used with COSHH	Yes			
Environmental surfaces are cleaned appropriately between patients	Yes			
Multi-use ointments and creams are single patient use or are dispensed in a manner to prevent contamination	Yes			

RECOMMENDATIONS: from 2019 audit that still need actioning

1. Gp rooms need to be decluttered and sorted of all obsolete items including books, furniture, old equipment (especially the mercury sphigs as these are a hazard if knocked over and spilled) can see improvements from last years audit, still some sorting remains to be completed
2. Some of the GP couches are broken and dangerous – they need repairing at the hinges as well as patching some tears (Physio room has 2 tears) – reinforcing of couches completed in 2022 (tears in some couches remain) 2024 - Tears still remain as previously documented 2025 - some couches still have small tears
3. If clinicians wish to keep the small fiddle type toys in their rooms they need to sort out an evidenced cleaning schedule for them. NOT ACTIONED, please remove all toys from clinical rooms. 2024 - Still x1 toy in GP room – please remove this 2025 toy still in room please remove
4. Multiple sinks need attention to ensure comply with infection control guidelines, EG moving taps to elbow levers are not touching wall so can be used as intended, move the tap to ensure flow of water away from the edge of the sink, remove the plugs from the GP sinks that have them and ensure all taps are easy to lift and replace with elbow. Not all taps are mixer taps. STILL NOT ACTIONED 2024 2025 – still needs to be actioned
5. James is going to get a sharps Injury poster for the theatre-COMPLETED in 2022
6. At next nurses meeting discuss multiuse items to ensure dispensed in manner to prevent cross contamination. COMPLETED
7. There are some clinical rooms where the flooring is coming unstruck from the walls – this needs to be glued. COMPLETED
8. All clinical rooms must have pedal operated bins NO open topped bins to be used at all, even for recycling. STILL NOT ACTIONED IN FULL 2025 – still an issue and must be addressed
9. 2 desks need to have the edges mended as have exposed chipboard.- COMPLETED
10. IW chair needs to be wipeable not fabric, x2 GP chairs need mending on the arms – multiple chairs remain fabric and not easily wiped for infection control – NOT ACTIONED – there are now MORE clinical and patient chairs that fail to comply 2024 AUDIT – THIS IS STILL AN ISSUE 2025 still an issue and MORE clinician chairs now fabric

See photograph attached to email for evidence

RECOMMENDATIONS for action following the 2022 Audit:

1. Action the above recommendations made from the 2019 audit – **STILL NOT ACTIONED IN FULL** 2025 – not all completed from 2029 audit
2. GPs to discuss what CSSD items they wish to continue to have, currently have multiple items which rarely/never get used so we can streamline our stock and CSSD costs. – completed in 2022
3. GPs rooms to have smaller sharp bins, as rarely used and then stay open beyond the 3 months IPC recommendation. **Still not complying**
4. Ensure floors are clear of unnecessary items such as bags, boxes, clutter and extra furniture – to allow full access to cleaner for mopping floors as states in separate walkabout table of info. **2024 – THIS HAS IMPROVED IN MANY ROOMS BUT SOME STILL NEED ATTENTION** 2025 – again improved but still not best, see room evidence and letter from cleaners for details
5. Jodie and Johns rooms both have broken blinds – completed in 2022
6. Certain desks have chipped edges which need addressing and one unit in LL room has 4 raw edges that need addressing or the unit disposing of (as this is one of the units in the way of cleaning) **STILL NOT ACTIONED** **2024 AUDIT - THE UNIT WITH RAW EDGES HAS NOW GONE, BUT MANY DESKS STILL HAVE CHIPS ON THE EDGES, SEE ROOM DETAIL FOR MORE INFO** 2025 – some desks still need addressing to comply see room table for details

RECOMMENDATIONS for action following 2023 Audit:

1. 2019 audit recommendation numbers 1,3,4,8 and 10 remain to be completed.
2. 2022 audit recommendations 1,3 and 6 remain to be completed.
3. Ensure clinical staff compliant to current policies RE sharps bins, equipment disposal and in timely manner.

Recommendations for 2024 Audit:

1. Continue with the decluttering of clinical rooms so desks, floor and sinks can be adequately cleaned.
2. Repair tears in clinical couches
3. Remove the last remaining fiddle toy from GP room.
4. Multiple sinks need attention, mixer taps required – see room specifications.
5. Remove all non-pedal bins from clinical rooms, replace broken pedal bins.

6. Replace clinician and patient chairs that are not wipe clean. 2025 – there are now more fabric clinician chairs than previous years
7. Mend chipped edges on desk.
8. Any remaining notices in clinical rooms must be wipe clean – laminated or in polly pockets.
9. Please ensure clinicians keep couch roll OFF THE FLOOR
10. Sharps bins must be date and signed when assembled and signed when closed. They must be closed at $\frac{3}{4}$ full and kept OFF the FLOOR.
11. Jodie's ceiling needs to be completed.
12. Please remove the mercury Sphyg from DR room completed
13. Please remove wall sphyg in DMc room and fill in holes. In use and this year was clean 2025
14. Fill in scuff marks and holes in rooms where things have been removed – see individual reports on rooms.
15. Replace kickboards in JF treatment room (no window)
16. Remove carpet in PA room under the far unit and complete with laminate flooring.
17. Phleb room needs the glove dispenser put back up on the wall, any remaining holes need to be filled. Completed

Recommendations after 2025 Audit

1. 2019 audit recommendation numbers 1,3,4,8 and 10 remain to be completed.
2. 2022 audit recommendations 1,3 and 6 remain to be completed.
3. Ensure clinical staff compliant to current policies RE sharps bins, equipment disposal and in timely manner.
4. All of recommendations from 2024 audit that has yet to be completed = 1-11 & 14-16
5. Ensure clinicians check integrity of the pillow in use in their room a total of 6 were found torn and failing IPC policy on this audit.
6. The metal edging on JU desk needs to be screwed in = loose
7. Ensure privacy curtains in clinical rooms not touching floor as they currently are in KP room.

Please see additional audits : - hand washing audit, IPC walkabout table of details and the photographic examples/evidence sheets

New evidence this year = details from cleaners about issues with certain rooms and why difficult to clean to standard.

2026 Audit actions required:

Many of the issues and concerns raised remain an issue and have worsened and need to be addressed.

The fabric patient chairs just get swapped from room to room, they need to be recovered or replaced as they cannot be satisfactorily cleaned after patient use.

GP rooms need to be decluttered and old text books, out dated equipment and unnecessary items removed – this enables better cleaning and looks cleaner etc.

Notices need to be removed and ensure up to date and anything on walls pin boards needs to be laminated or in plastic pockets to enable them to be wiped clean.

There is general wear and tear to desks, chairs, walls, skirting etc that needs to be addressed and mended as these are grounds for bacteria to breed.

Sinks need to be free from clutter and equipment as handwashing splashback will go onto items stored here and cleaner cannot clean them adequately when they have clutter on them.

Hand washing audit to be completed next week during PLT – see separate sheet once completed.

Photo sheet of some evidence also separate to this document

Nurses privacy curtains replaced this week and will replace GP ones next week – these are replaced annually unless visibly dirty, then replaced as needed

Signed by _____ Kitt Harris (Auditor)

Signed by _____ (Practice Manager)

Signed by _____ (Senior Partner)