

INFECTION CONTROL AUDIT FOR PRIMARY CARE PREMISES (GP)					
Audit Report for:	Gatley Medical Centre				
Completed on:	06.08.2026				
Completed by:	Lesley Smith				
Accompanied by:	Sylvia O'Brien - Practice Manager, Lyndsey Best - Lead Practice Nurse and Danny Proctor - Proclean				
No of clinical rooms:	6 ground floor & 5 first floor (5 rooms inc treatment room audited)	Do you have an allocated person in the practice who has signed up to be an antibiotic guardian?	Dr Jack Martin	MINOR-OPS (complete minor surgery audit)	Yes
Lead for IPC (Name)	Lynsey Best		Annual Statement Completed (Health and Social Care Act, 2008)		Yes
Area		RAG	Area		RAG
1. IPC Guidelines Policies and Standards		100%	7. Hand Hygiene		100%
2. Clinical Rooms and Patient Environment		77%	8. Personal Protective Equipment		100%
3. Cleaning: Clinical Equipment		100%	9. Waste Management		100%
4. Cleaning: Equipment, Storage and Schedules		100%	10. Sharps Management		100%
5. Cleaning: Toilets		N/A	11. Specimen Management		100%
6. Cleaning: Toys		N/A	12. Vaccine Fridge		100%
Overall rating:	98%				
Next audit due:	Date to be agreed after maintenance issues resolved				

SECTION 1		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
1. IPC GUIDELINES, POLICIES AND STANDARDS							
1	Staff are aware of the procedure for notification of infectious diseases	Stored on shared drive	1				
2	Staff handling waste/bodily fluid have been offered Hepatitis B vaccine (recorded)	Recorded on TeamNet and also HIV status	1				
3	Clinical staff are up to date with relevant vaccinations (records available)	Use Occupational Health at SHH. Attend travel clinic for vaccines including MMR - antibodies checked also past history	1				
4	Infection control related policies, procedures and guidance are easily accessible to staff (see supporting documents for a full list of policies)	Shared drive and all in date	1				
5	Infection control information is accessible to patients e.g. website, leaflets, newsletters	Have a cleaning charter	1				
6	An infection prevention and control lead has been identified	Yes, Lynsey Best (LB)	1				
7	Infection prevention and control is discussed at practice team meetings	Meetings held every 6 weeks and emails sent if necessary	1				
8	Staff participate in infection prevention and control training annually (eLearning etc.)	E-learning for health L1 and L2. AMR also completed	1				
9	The practice can provide isolation facilities or has a process in place for isolating an individual when required	Policy in place. Use measles scenario for training purposes	1				
10	Clinical staff should be trained in aseptic non touch technique to understand the basic principles of good Infection, Prevention and Control. Annual updates are recommended	Clinical staff are assessed every 12 months. Training also includes measles/isolation, dealing with spillages and venepuncture	1				
11	Annual documented evidence of staff updates/competencies to undertake Aseptic non touch technique (ANTT) are available	All up to date and recorded on TeamNet with certificates. Included in new trainees induction with LB	1				
12	Does the practice periodically (annually advised as good practice) review its Legionella risk assessment? A revised risk assessment is required following any changes to the water system. Does the practice have documented evidence available to show risk assessment reviews?	Review booked for week following audit and is completed every 2 years including an action plan	1				
13	Does the practice prescribe antibiotics in line with GMMMG ; Greater Manchester Antimicrobial guidelines?	Yes, audited and information shared with clinical staff	1				
TOTAL			13	0	13	100%	

SECTION 2		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
2. CLINICAL ROOMS							
1	Flooring is impervious and in good state of repair		1				
2	Flooring is visibly clean		1				
3	Furniture and the environment are visibly clean, dry and dust free		1				
4	Fixture and fittings are in a good state of repair	Holes in walls and ceiling in a number of rooms (see photographs)		1			
5	Walls and tiled areas are visibly clean and in a good state of repair	See section 2.4		1			
6	Ceilings are visibly clean and in a good state of repair	See section 2.4		1			
7	Windows are visibly clean and in a good state of repair		1				
8	Radiators are visibly clean and in a good state of repair		1				
9	Ventilation grills and fans are visibly clean		1				
10	Lighting is visibly clean		1				
11	There is sufficient storage space		1				
12	There is no clutter on surfaces		1				
13	Computer terminals / desk spaces are visibly clean and are wiped down at regular intervals		1				
Total			10	3	13	77%	

SECTION 3		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
3. CLINICAL EQUIPMENT							
1	Couches are washable and in a good state of repair		1				
2	Disposable couch covers are used		1				
3	Multi-use linen is not in use on couches		1				
4	Couches in treatment rooms can be accessed on both sides for the purpose of cleaning (if the couch is positioned against one wall, can it be pulled out to enable sufficient cleaning after use?)		1				
5	Privacy curtains are cleaned/changed regularly	Changed every 6 months. Last changed 04/26	1				
6	There is room for a dressing trolley (if required)		1				
7	Dressing trolleys are cleaned with detergent at the beginning of each session and following each patient use		1				
8	All invasive medical devices are single use		1				
9	There is no assurance that single use items are being reused		1				
10	Non-invasive medical devices are decontaminated appropriately	Clinell wipes available in all clinical rooms	1				
11	Is there assurance that the cleaning of clinical equipment like stethoscopes is carried out between each patient use	See section 3.10	1				
12	Clinical equipment is stored appropriately to avoid contamination from dust or splashes. E.g. In clean closed cupboard /drawers or lidded washable containers		1				
13	Auroscope ear pieces tips are single disposable		1				
14	Detergent wipes are available within the clinical rooms for decontamination of equipment	See section 3.10	1				
15	Sterile products are stored correctly - above floor level		1				
TOTAL			15	0	15	100%	

SECTION 4		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
4. CLEANING: EQUIPMENT, STORAGE AND SCHEDULES							
1	Detergent and disinfectant are available (or combined product)	EC4 sanitiser and spray bleach available	1				
2	Environmental cleaning policy is in place and in date		1				
3	Cleaning products are stored in accordance with COSHH regulations. (labelled cleaning products etc)	COSHH on Pro clean app (advised to also have hard copies in cleaning cupboard)	1				
4	Cleaning cloths are colour coded		1				
5	Cleaning cloths are single use or Laundered regularly at the correct temperature if not single use	Single use	1				
6	Mops and buckets are colour coded	Colour coding poster available in cleaning cupboard	1				
7	Mops and buckets are stored correctly		1				
8	Mop heads are disposable or laundered Weekly	Disposable - mop changing schedule. Blue mop was very dusty - see photograph)	1				
9	Documented cleaning schedules are in use	Displayed in cleaning cupboard	1				
10	There is a written procedure for dealing with bodily fluid spillages and kits are labelled and in date		1				
11	Staff are aware of the procedure for dealing with spillages of bodily fluids or who to escalate a body fluid spillage to within the practice	Training scenario completed every 12 months	1				
TOTAL			11	0	11	100%	

SECTION 5		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
5. CLEANING: STAFF AND PATIENT TOILETS							
1	Toilets are in a good state of repair.	Only visited disabled on ground floor	1				
2	Toilets are visibly clean.		1				
3	Appropriate hand washing facilities are available (liquid soap and paper towels, foot operated cover bin).		1				
4	Baby changing facilities are in a good state of repair.	Baby change unit handle was bit dusty - see photograph	1				
5	Are products available for cleaning baby changing mat prior to / following use		1				
TOTAL			5	0	5	100%	

SECTION 6		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
6. CLEANING: TOYS							
1	Toys are washable				1		
2	Toys are visibly clean				1		
3	There is a cleaning schedule in place for toys				1		
4	Soft toys are not available				1		
5	Process in place for disposing of damaged items				1		
TOTAL			0	0	0	N/A	

SECTION 7		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
7. HAND HYGIENE							
1	A designated clinical hand wash basin is available in all clinical areas (no plug/no overflow/lever action mixer tap)		1				
2	Access to the hand wash basin is clear		1				
3	Liquid soap is available in all basin areas and dispensers are clean		1				
4	Wall mounted paper towels are available to all basin areas		1				
5	Linen towels are not used		1				
6	Nail brushes are not used		1				
7	Bar soap is not used		1				
8	Alcohol hand rub is available and dispensers are clean		1				
9	Hand wash basins are visibly clean and in a good state of repair	Back panelling of hand basins not in good state of repair- see photograph	1				
10	Hand wash basins are free from extraneous items		1				
11	Cleaning of hand wash basins everyday is on the cleaning schedule	Clean at time of audit	1				
12	Staff can demonstrate the appropriate hand washing techniques		1				
13	Clinical staff nails are free from varnish and artificial nails		1				
14	Clinical staff are bare below the elbows, and do not wear jewellery (plain band ring may be permitted) or wrist watches		1				
15	Hand washing policy in place and in date		1				
16	Hand hygiene posters are on display		1				

17	Evidence of regular hand hygiene audits undertaken	Completed every 12 months. Family and friends audit by patients. Suggest every 6 months	1				
18	Are there alcohol gel stations at the entry and exit points to the premises and throughout the practice for Staff and patients?		1				
TOTAL			18	0	18	100%	

SECTION 8		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
8. PERSONAL PROTECTIVE EQUIPMENT							
1	Single use CE marked suitable non sterile gloves are available and in a selection of sizes		1				
2	Sterile gloves are available (if required)		1				
3	Single use disposable aprons are available		1				
4	Disposable fluid repellent surgical mask type IIR are available and worn appropriately to protect against respiratory infection		1				
5	Eye/face protection is available where splash contamination likely		1				
6	Have all staff reviewed annually recommended PPE donning and doffing guidance (or when PPE guidance requirement changes, whichever is first).		1				
7	Are posters displayed in designated areas for the Donning & Doffing of PPE?	Completed every 12 months	1				
8	Do you have a plan for FFP3 fit testing (if required)?	To contact ICB for fit testing	1				
9	Does the practice have a stock of FFP3 masks if required?		1				
TOTAL			9	0	9	100%	

SECTION 9		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
9. WASTE MANAGEMENT							
1	Waste is segregated correctly in colour coded bags at the point of production (Hazardous- orange bag, offensive- tiger stripe, domestic waste- black bag)	Yellow and black in use	1				
2	Waste bags are less than 3/4 full and capable of being sealed (risk waste bags)		1				
3	Waste bags are labelled and tied securely with cable ties and swan neck		1				
4	There is a designated secure area to store clinical waste prior to collection		1				
5	Clinical waste is collected weekly by designated healthcare waste company		1				
6	Waste bins are foot operated and covered		1				
7	Waste bins are clean		1				
TOTAL			7	0	7	100%	

SECTION 10		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
10. SHARPS MANAGEMENT							
1	A sharps container is available and conforms to B57320 and UN3291		1				
2	The appropriate colour sharps bins are in use		1				
3	Sharps containers are labelled correctly, upon assembly and upon closure (name, practice and date)		1				
4	Sharps containers are assembled correctly		1				
5	Sharps containers are disposed of when 3/4 full	HCA moves sharps bins to yellow bin. Purple bins are stored prior to collection	1				
6	Sharps are disposed of at the point of care		1				
7	Sharps containers are stored off the floor, preferably wall mounted at a level where the aperture is visible		1				
8	Filled and locked sharps bins are stored in a secure area waiting collection.		1				
9	are the temporary closure mechanisms are in use (closed) when sharps bins are not in use		1				
10	Staff are aware of the policy and procedures for needle stick injuries		1				
11	Sharps posters are visible		1				
TOTAL			11	0	11	100%	

SECTION 11		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
11. SPECIMEN MANAGEMENT							
1	Specimens are collated using universal precautions	Collated at reception desk.	1				
2	Specimens are well secured and in sealed plastic bags	Request form printed out by clinician. Also give specimen container and plastic bag	1				
3	Specimens and forms are clearly completed	Printed	1				
4	Specimens for urinalysis are disposed of appropriately - e.g. vernagel to solidify, or urine tipped down sluice hopper or toilet prior to empty pot placed in clinical waste		1				
5	There is a designated storage area for specimens prior to collection	Reception	1				
6	If refrigeration is required a designated specimen fridge is available		1				

7	Specimens are transferred to the lab under controlled circumstances	Pick up twice daily	1				
8	Do clinicians understand that urine dipsticks should not be used to diagnose UTI's in over 65s?	Training given to clinical staff on induction and reinforced at annual updates for ANTT and IPC	1				
TOTAL			8	0	8	100%	

SECTION 12		COMMENTS	YES	NO	N/A	Total %	Action Complete by GP Practice
12. VACCINES FRIDGE							
1	Fridge is suitably located (on flat surface, not near heat source).	Three vaccine fridges in use	1				
2	Externally the fridge is in good condition		1				
3	Internally the fridge is in good condition (frost free, seals intact and clean)	Seal to be replaced and is on order for one of fridges	1				
4	Vaccines are stored correctly (not touching sides of fridge, not in door or salad tray)		1				
5	Vaccines are in date (check 2 random products)		1				
6	Min/max thermometer is in use		1				
7	Fridge is used for vaccines only		1				
8	Minimum and maximum temperature is set correctly (2°/8°)	All within correct parameters	1				
9	If internal thermometer used probe is correctly placed (inside vaccine box)		1				
10	Thermometer battery is changed every 6 months				1		
11	Thermometer is calibrated annually	Completed - due in July 2027	1				
12	Min/max temperatures are recorded daily	Monitoring file kept in room beside fridge	1				
13	Monitoring record is available on the fridge	See section 12.12 Completed twice daily	1				
14	All staff are trained and aware of vaccine fridge management policy	All staff are including reception staff	1				
15	Past recordings are available (a minimum of 12 months of records should be kept, with 5 years being best practice)	Kept up to 10 years	1				
16	Appropriate warnings are visible on the fridge (vaccine fridge - do not switch off/cold chain poster)	Yes. Cold chain poster displayed	1				
17	Appropriate warnings are visible at the fridge power supply (Do not switch off)	Plug sockets are inaccessible (behind fridges)	1				
18	Staff are aware of the correct procedure to follow in the event of a cold chain incident		1				
TOTAL			17	0	17	100%	

Rag score	98%
Number of non-applicable questions	127

Audit report for:

Date of audit:

RAG Rating Percentages
0% to 50% = Red
51% to 91% = Amber
92% to 100% = Green

How to use: Insert a 1 into the Complaint, Non complaint or N/A Boxes and then it will Automatically calculate to give an overall Score.

AUDIT RESULTS						
Topic Area	RAG	IPC Team Actions		Date action taken	Date compliant	GP Practice Actions
1. IPC Guidelines Policies and Standards	100%					
2. Clinical Rooms	77%					Holes in walls and ceiling in a number of rooms (see photographs)
3. Cleaning: Clinical Equipment	100%					
4. Cleaning: Equipment, Storage and Schedules	100%					COSHH on Pro clean app (advised to also have hard copies in cleaning cupboard) Blue mop was very dusty - see photograph
5. Cleaning: Toilets	100%					Baby change unit handle was bit dusty - see photograph (including assisted toilet)
6. Cleaning: Toys	N/A					
7. Hand Hygiene	100%					Back panelling of hand basins not in good state of repair- see photograph Advised hand hygiene audits every 6 months
8. Personal Protective Equipment	100%	Send information on fit testing				To contact ICB for fit testing
9. Waste Management	100%					
10. Sharps Management	100%					
11. Specimen Management	100%					
12 Vaccines Fridge	100%					Seal to be replaced and is on order for one of fridges
Overall Score	98%					

Audit report for:
Date of audit:

Date action plan received

How to use: Insert a 1 into the Yes, No or N/A Boxes and then it will Automatically overall Score.

An overall RAG score is awarded on completion of the full audit, this score is greens and discounting the criteria that are not applicable. As detailed:-

0% to 50%= **Red**

51% to 91 % = **Amber**

92% to 100 % = **Green**

The RAG scoring is used as a marker for monitoring improvement and is not an audit visit will also provide an opportunity to discuss informally areas where performance as shown in the responses.

calculate to give an

s based on the percentage of overall

t used to demonstrate compliance. The
the care provider can improve

PROGRESS MADE

Area	Progress made
1. IPC Guidelines Policies and Standards	
2. Clinical Rooms	
3. Cleaning: Clinical Equipment	
4. Cleaning: Equipment, Storage and Schedules	
5. Cleaning: Toilets	
6. Cleaning: Toys	
7. Hand Hygiene	
8. Personal Protective Equipment	
9. Waste Management	
10. Sharps Management	
11. Specimen Management	
12. Vaccines Fridge	
13. Antimicrobial Stewardship	

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Supporting documents

Title

Health Building Note 00-03: Clinical and Clinical support spaces

Health Building Note 00-10: Design for flooring, walls, ceilings, sanitary ware and windows

Immunisation against infectious disease - Collection

Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste

Health and Social Care Act 2008: code of practice on the prevention and control of infections

A National Monitoring Framework to Support Safe and Clean Care Audit Programmes: An Organisational Approach to Prevention of Infection Auditing 2018

Royal College of Nursing 2017: Essential Practice for Infection Prevention and Control

Greater Manchester Antimicrobial Guidelines

UKHSA Guidance: Notifiable diseases and how to report them

NHS England and NHS Improvement (2021) National Standards of Healthcare Cleanliness 2021.

NHS England (2022) National Infection Prevention and Control Manual for England

Health Building Note 00-09: Infection control in the built environment

following should be available as policies/guidance/SOPs

- Standard and transmission based IPC precautions (should include hand hygiene and PPE)
- Aseptic Non Touch Technique (ANTT)
- Outbreaks of communicable infection
- Isolation of service users with an infection
- Safe handling and disposal of sharps
- Prevention and management of occupational exposure to blood borne viruses (BBVs), including prevention of :
- Cleaning and disinfection (environment)
- Decontamination of reusable medical devices
- Single-use medical devices
- Antimicrobial prescribing and stewardship
- Reporting of infection to UKHSA or local authority and madatory reporting of healthcare associated infection to
- Control of outbreaks and infections
- Safe handling and disposal of waste
- Packaging, handling and delivery of laboratory specimens
- Uniform and dress code
- Vaccine / cold chain

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sharps injuries

UKHSA

File name: Primary Care IPC Audit
Location: [CHPT - Asset Register](#)
Owner: Natalie Hatton
Current version: 4.0

Document change history

Date	Version	Status	Ammender
20/09/2024	3.0	Archived	Natalie Hatton
04/11/2024	4.0	Final	Natalie Hatton
11/02/2025	4.0	Final	Paulina Prescott

Details of Change

[Previous version archived on AR](#)

Version control added
