

Infection Control assessment for General Practice - own premises

Name of Practice (address/phone/e-mail): Gatley Medical Centre, Old Hall Road, Gatley, SK8 4DG Tel: 0161 426 5100 Email: Sylvia.Obrien@nhs.net Code: P88024

Name of Registered Provider: Dr. Davison

Name of Practice Manager: Sylvia O'Brien

Date of assessment: 22 September 2017

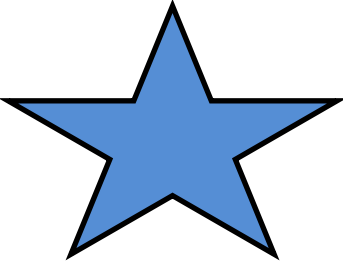
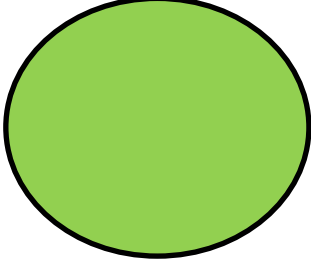
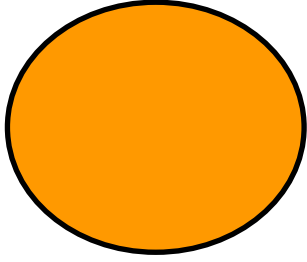
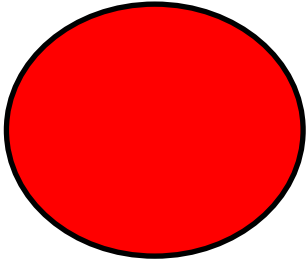
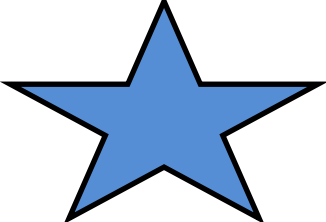
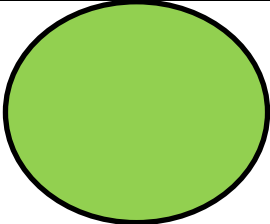
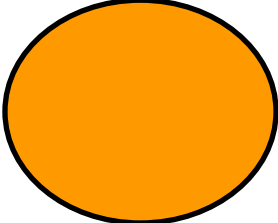
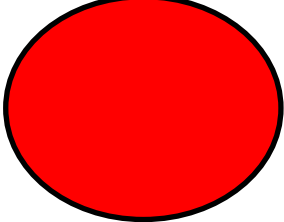
Assessment undertaken by: Alison Ricketts (Public Health Practitioner, Health Protection Team) with Sylvia O'Brien, Practice Manager

Date of planned review: September 2018

MR = Mandatory Requirement. G = Guidance. BP = Best Practice.

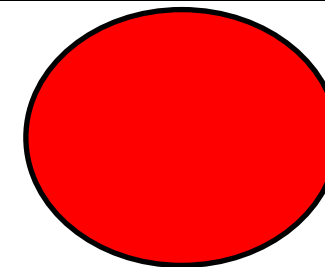
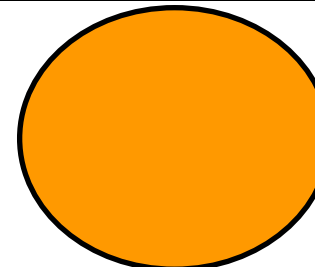
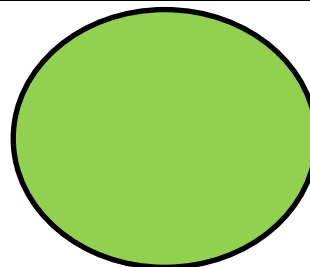
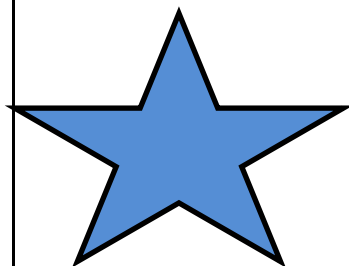
Room usage: consulting / clinical rooms x 9 including one specifically used for minor surgery

Infection Control assessment for General Practice - own premises

Review periods				
	Outstanding	Good	Requires improvement	Inadequate
	Outstanding in all sections – annual review.			
	<p>Good in any single section of the audit - Practice to return action plan with timescales for remedial action within 3 months. Auditor to revisit & review that section within 9 months.</p> <p>Good in 2 or more sections of the audit - Practice to return action plan with timescales for remedial action within 3 months. Auditor to revisit & review those sections within 6 months.</p>			
	<p>Requires improvement in any single section of the audit - Practice to return action plan with timescales for remedial action within 1 month. Auditor to revisit & review that section within 6 months. Requires improvement in 2 or more sections of the audit - Practice to return action plan with timescales for remedial action within 1 month. Auditor to revisit & review those sections within 3 months.</p>			
	<p>Inadequate in any single section of the audit – Practice to return action plan with timescales for remedial action within 1 month. Auditor to revisit & review that section within 3 months.</p>			

Infection Control assessment for General Practice - own premises

1. Management of Infections



Outstanding

Good

Requires improvement

Inadequate

Enter '1' for yes and '0' for no against each question to calculate the score.

Yes (1)
/No (0)

Comments/Action required

Timescale

Action complete
(date)

Mandatory requirements

1	MR	Does the Practice produce an annual statement relating to infection control, including a summary of any infection transmission incidents & actions taken (SEAs, SUIs)?	1	updated annually and available on website		
2	MR	The Practice has a designated person with responsibility for infection control (state name)	1	Michelle Foster, Practice Nurse + Lyndsay Knight, HCA		

3. Does the Practice have policies, procedures & guidelines in relation to

3a	MR	Standard infection prevention and control precautions incl. hand decontamination & spillage of body fluids.	1	updated annually		
3b	MR	Aseptic no-touch technique	1			

3c	MR	Outbreaks of communicable infection (incl. provision for isolation).	1			
3d	MR	Safe handling and disposal of sharps	1			
3e	MR	Prevention of occupational exposure to blood-borne viruses, inc. prevention of sharps injuries	1			
3f	MR	Management of occupational exposure to blood-borne viruses and post-exposure prophylaxis	1			
3g	MR	Disinfection incl. Decontamination of re-usable medical devices & Single-use medical devices (CJD/vCJD – handling of instruments and devices)	1			
3h	MR	Anti-microbial prescribing	1	Has policy. AR will send link to CCG current antibiotic guidelines		
3i	MR	Control of outbreaks and infections associated with specific alert organisms (incl. reporting of notifiable diseases to PHE).	1	Have policies for several specific alert organisms. AR to send additional links		
3j	MR	Safe handling and disposal of waste	1			
3k	MR	Packaging, handling and delivery of laboratory specimens	1			

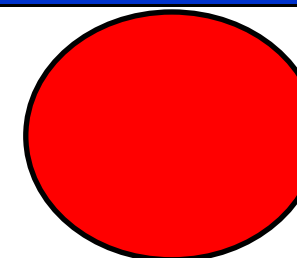
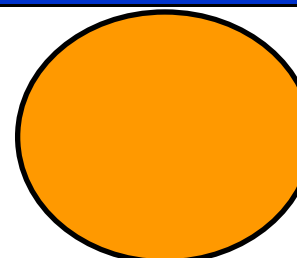
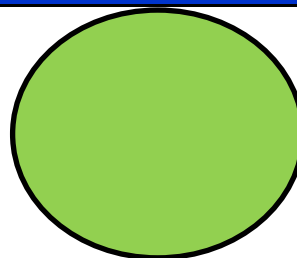
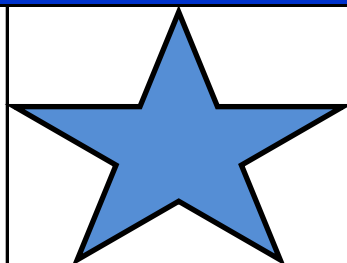
3l	MR	Uniform and dress code incl. PPE)	1			
3m	MR	Cleaning of the General Environment (incl. storage of cleaning equipment)	1			
3n	MR	Pandemic Influenza/Business Continuity Plan	1			
3o	MR	Breakdown in Cold Chain Maintenance	1			
which are reviewed on an annual basis?						
4	MR	Are up-to-date records held for staff IC training incl. reception & admin staff) - 3 yearly mandatory update?	1			
5	MR	Are staff who undertake procedures, which require skills such as aseptic technique, trained and required to demonstrate proficiency before being allowed to undertake these procedures independently?	1			
6	MR	Are all staff (incl. reception, admin & domestic staff) offered Hepatitis B. vaccination (documented)?	1			
7	MR	Are all staff (incl. reception, admin & domestic staff) offered Influenza vaccination (documented)?	1			

8	MR	Are all clinical staff <30 years confirmed as having received 2 x measles containing vaccines.	1	One new member of staff started this week; confirmation of measles will be included in induction		
9	MR	Does the Practice have contact numbers for HP & Col Unit (reviewed as part of BC plan)?	1			
10	MR	Are audits are undertaken to monitor infection rates in relation to any invasive procedures carried out in the Practice?	1	Undertaken by GP for minor surgery and coil-fitting		
11	MR	Is infection control discussed as a standing item at Practice meetings and are decisions recorded?	1	Monthly		
12	MR	Do staff have access to infection control guidelines, including Health & Safety requirements and COSHH?	1			
13	MR	Are data sheets are available for all chemical products used in the Practice (incl. cleaning products)?	1			

14	MR	Does the Practice have 2 nominated members of staff with responsibility for receipt & storage of vaccines and have they received training in cold chain maintenance? (record names/designations).	1	Lyndsay Knight, HCA + Aarti Khanna, HCA		
Total score (Mandatory requirements)			100%			
Completed by			Alison Ricketts with Sylvia O'Brien			

Infection Control assessment for General Practice - own premises

2. Clinical Practices



Outstanding

Good

Requires improvement

Inadequate

Enter '1' for yes and '0' for no against each question to calculate the score.

Yes (1)
/No (0)

Comments/Action required

Timescale

Action complete
(date)

Mandatory Requirements

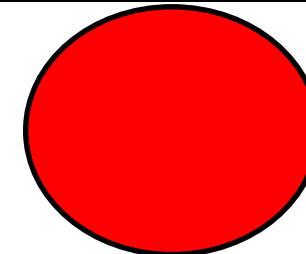
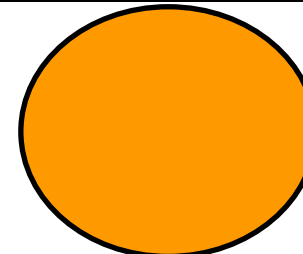
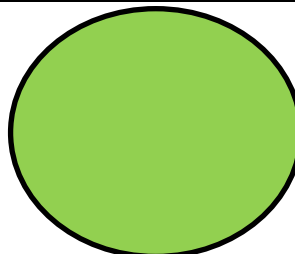
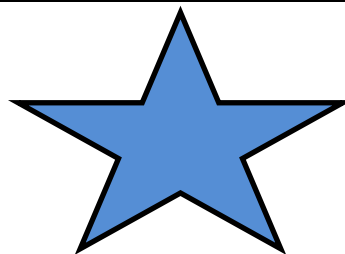
1	MR	Is appropriate Personal Protective Equipment (e.g. gloves, aprons, face masks, eye protection) available in each clinical area & used by staff?	1			
2	MR	Blood sampling is undertaken using a single-use vacuum blood collection system to minimise risk	1			
3	G / MR	Are pharmaceutical products & sterile items within date ? (Check 2 random items of each)	1			
4	G / MR	Is there a designated fridge for the storage of specimens? (A rigid, labelled container with tight fitting lid may be used to store specimens in the vaccine fridge)	1			

Guidance/Best Practice						
5	G/BP	Is there a designated pharmaceutical fridge for the storage of pharmaceutical products?	1	Several fridges used and all checked daily		
6	G/BP	Pharmaceutical fridges are clean & tidy and have minimum, maximum and current temperatures monitored and recorded each working day. Records should be retained for 2 years. The fridge temperature gauge should be clearly visible to read without needing to open the fridge door.	1			
7	G	Is the pharmaceutical fridge connected to the power supply by means of a switchless socket or a clearly labelled plug?	1			
8	G	Is the anaphylaxis kit clean, accessible & in date? (all contents subject to a monthly documented check)	1	Kept with 'emergency kit' and checked daily. PM to confirm checks are documented		
9	G	Is the spillage kit clean, accessible & in date? (all contents subject to a monthly documented check)	1	PM to confirm monthly checks are documented		
10	G	Sterile items are stored clean, dry and above floor level and are available at all times?	1			
11	G	Storage facilities for sterile items are cleaned on a quarterly basis (documented)?	1	PM to confirm quarterly checks are documented		

12	G	Single use paper towelling is used on treatment couches and changed between patients (stored off the floor).	1			
13	G	A dressing trolley or suitable trays are available, which should be cleaned before and after each use according to policy.	1			
Subtotal (Mandatory requirements)			100%			
Total score			100%			
Completed by			Alison Ricketts with Sylvia O'Brien			

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3. Clinical Areas



Outstanding

Good

Requires improvement

Inadequate

Enter '1' for yes and '0' for no against each question to calculate the score.

Yes (1)
/No (0)

Comments/Action required

Timescale

Action complete
(date)

Mandatory Requirements

Hand Decontamination

1	MR	The Practice undertakes regular hand hygiene audits.	1	HCA currently undertakes this monthly and follows-up findings. AR suggested audits might be less often (?quarterly) for a year and reviewed to see if this frequency provided sufficient useful information		
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Use & Disposal of Sharps

2	MR	Sharps containers are assembled correctly?	1			
3	MR	Sharps are disposed of at the point of care? (where applicable ensure sharp trays with integral sharps bin are available)	1			
4	MR	Sharps containers are stored off the floor and in a safe location	1			

5	MR	Is the temporary closure mechanism used when the sharp container is not in use?	1			
6	MR	All staff know the procedure to be followed should a sharps injury occur? (ask one member of staff at random)	1			
7	MR	Sharps posters are visible? (in clinical rooms)	1			

Guidance/Best Practice

Hand Decontamination

8	G	There is a dedicated handwash basin in each clinical area, which is easily accessible.	1			
9	G	There is wall-mounted liquid soap at each clinical handwash basin (no bar soap) - check expiry date.	1			
10	G	Clinical handwash basins do not have an overflow.	1			
11	G	Clinical handwash basins do not have a plug.	1			
12	G	Clinical handwash basins have wrist/elbow operated mixer taps.	1			
13	G	There is a wall mounted paper towel dispenser at each clinical handwash basin.	1			
14	G	Paper towel dispensers are clean internally.	1			

15	G	A poster demonstrating the correct hand washing technique is displayed above all clinical handwash basins.	1			
16	G	Alcohol hand rub is available in all clinical areas? (Check expiry date)	1			
17	G	All clinical staff are 'Bare Below the Elbows' (no wrist watches or wrist jewellery, no stoned rings, no long sleeve garments)	1			
18	G	The nails of clinical staff are short, clean and free from false nails and free from nail varnish.	1			
Use & Disposal of Sharps						
19	BP	Are sharps containers free from protruding sharps?	1			
20	G	All areas including clinical areas are visibly clean.	1			
21	G	Equipment (incl. couches, changing mats, toys etc.) is visibly clean, in a good state of repair and subject to regular, documented cleaning.	1			
22	G	Walls are intact and have smooth washable surfaces. Any framed pictures/unlaminated posters should be removed on a weekly basis and walls & pictures dusted; cleaning regimes to be documented .	1	Sylvia to confirm that annual cleaning is documented		
23	G	Noticeboards in clinical areas are perspex/wipeable.	1			

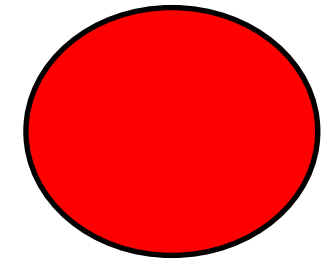
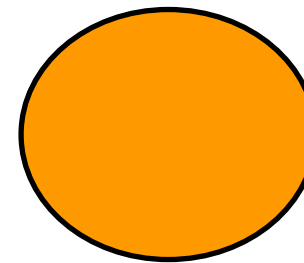
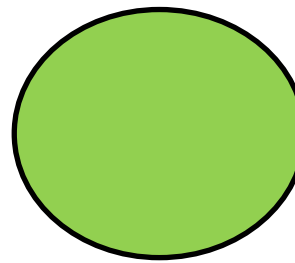
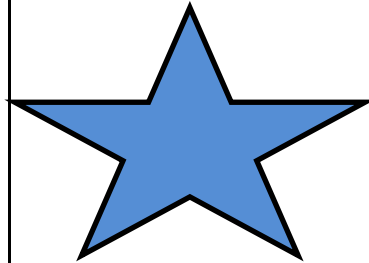
24	G	Walls in clinical areas are washed at least annually or when visibly soiled with body fluids and cleaning regimes are documented	1	Sylvia to confirm that annual cleaning is documented		
25	G	Flooring is impervious and sealed including edges, corners and are free of dust and grit.	1			
26	G	Floor coverings in all clinical areas are washed at least daily or when visibly soiled with body fluids and cleaning regimes are documented	1			
27	G	Furniture and all horizontal surfaces are undamaged and are cleaned, daily in clinical areas and weekly in non-clinical areas and cleaning regimes are documented	1			
28	G	All horizontal surfaces (worktops, shelves, cupboard tops) are accessible and uncluttered for ease of cleaning	1			
29	G	Curtains in clinical areas are laundered quarterly or when visibly soiled with body fluids, and cleaning regimes are documented (6-monthly change for disposable curtains).	1			
30	G	Equipment such as computer terminals and keyboards within treatment areas are in a visibly clean state	1			
Subtotal (Mandatory requirements)			100%			
TOTAL SCORE			100%			

Completed by

Alison Ricketts with Sylvia O'Brien

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4. Domestic Store



Outstanding

Good

Requires improvement

Inadequate

Enter '1' for yes and '0' for no against each question to calculate the score.

Yes (1)
/No (0)

Comments/Action required

Timescale

Action complete
(date)

Mandatory requirements

1	G/M R	Equipment used by the domestic team is stored in a locked area in accordance with COSHH regulations?	1			
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Guidance/Best Practice

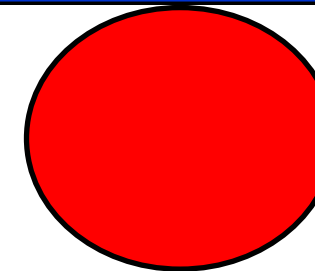
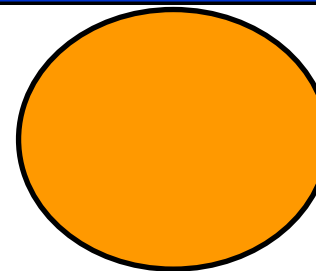
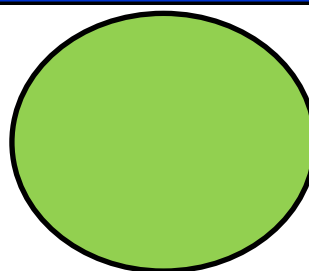
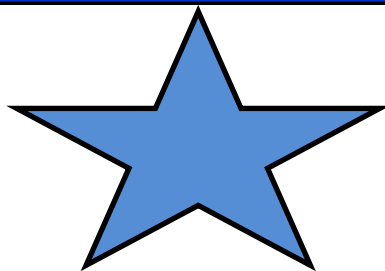
2	G	Is there a separate deep 'dirty' sink available?	1			
3	G	Are there separate hand washing facilities available including wall mounted liquid soap and paper towels?	1	Two toilets available on same floor as domestic store		
4	G	Personal protective equipment is available and appropriately used by the domestic staff (colour coded aprons and gloves)?	1			

5	G	All cleaning equipment is colour coded? (Red for toilets, bathrooms & sinks in these areas; blue for general areas; green for kitchens & yellow for clinical areas) (NPSA 2007)	1			
6	G	Colour coded buckets and mops are stored clean, dry and inverted, not touching each other or the wall?	1			
7	G	Mop heads are laundered/changed on a weekly basis?	1	Sylvia to confirm weekly mop head changes are documented		
8	G	Flooring in the cleaning equipment storage area is impervious, sealed edges and in a good state of repair?	1			
9	G	Flooring in the cleaning equipment storage area is visibly clean & free from spillages.	1			
10	G	The cleaning equipment storage area has no inappropriate materials or equipment stored?	1	Sylvia to consider replacing shelf in store room that has lost its wipeable surface as near the 'dirty' sink		
11	G	All toilets are visibly clean with no body fluid contamination, lime scale stains etc	1			
Subtotal (Mandatory requirements)			100%			

TOTAL SCORE	100%	
Completed by	Alison Ricketts with Sylvia O'Brien	

Infection Control assessment for General Practice - own premises

Waste Management



Outstanding

Good

Requires improvement

Inadequate

Enter '1' for yes and '0' for no against each question to calculate the score.

Yes (1)
/No (0)

Comments/Action required

Timescale

Action complete
(date)

1	MR	Is all clinical waste (including sharps boxes) disposed of by a registered waste collection company? (Check consignment notes)	1			
2	MR	Is waste segregated appropriately?	1			
3	MR	Waste bags are no more than 2/3 full?	1			
4	MR	Are clinical/offensive waste bags labelled with the name of the Practice?	1	Done by cleaning company		
5	MR	Are clinical/offensive waste bins foot operated?	1			
6	MR	Is the external disposal area inaccessible to unauthorised persons?	1			

7	MR	Sharps containers are available and conform with B57320 and UN3291?	1			
8	MR	Sharps containers are labelled (signed/dated/location)?	1			
9	MR	Sharps waste is appropriately segregated: Sharps contaminated with any medications (excluding cytotoxic or cytostatic medication) should be discarded in a yellow lidded sharps bin; orange lidded bins should be used to discard items such as vacutainer needles, blood lancets, stitch cutters and used disposable instruments. Sharps, contaminated with cytotoxic and cytostatic medicines must be discarded into a purple-lidded sharps bin.	1			
10	MR	Sharps containers are less than 2/3 full?	1			

11	MR	Sharps containers are disposed of after 12 months (even if not full) Dept. of Health 2013 - (Safe management of healthcare waste).	1			
Total score (Mandatory requirements)		100%				
Completed by		Alison Ricketts with Sylvia O'Brien				

Infection Control assessment for General Practice - own premises

Annual report and accounts 2015/16 Care Quality Commission (2016)
and Social Care Act 2008 Code of Practice on the prevention and control of infections (2015).

care. Reducing healthcare-associated infections in Primary care trusts; Mental health; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.



The Health

ons and related guidance. Department of Health

Essential steps to safe, clean

alth trusts; Learning disability organisations;

ices. Department of Health (2006)