



Dunstan Village Group Practice
131 Earle Road, Liverpool, L7 6HD

Organisation Name:	Dunstan Village Group Practice
Location:	131 Earle Road Liverpool L7 6HD
Registered Manager:	Dr Suham Jadaw
Infection Control Lead at the Organisation:	Dr Jadaw
Date Infection Control Statement Produced:	9/1/25
Date of next review:	Annually – Jan 2026

Introduction

As a requirement of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, it is required that an annual statement be produced regarding compliance with good practice on infection prevention and control. The annual statement will be made available for anyone that wishes to see it, including Patients, their representatives and regulatory authorities. It has been produced by Maddison Aspden-Ridgill and will be updated annually, or when current advice and guidelines change.

Outbreaks of Infection

There have been no significant events reported regarding infection control issues in the period covered by this report.

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed in the monthly staff meetings and learning is cascaded to all relevant staff.

In the past year there have been no significant events raised that related to infection control.

Audit Summary

Internal Infection Prevention and Control audits and conducted frequently using QCS – online compliance software – all deficiencies highlighted during this process are rectified.

MerseyCare conduct external infection control audits (periodically) – the date of the last infection control audit was 22/06/2023 and this was conducted by Lucy Dickinson/Sue Burton from MerseyCare.

As a result of the audit, the following things have been changed in Dunstan Village Group Practice:

- Added cleaning the light fixtures to our cleaning schedule.
- Clinical staff cleaning schedules in place
- There is a two-stage cleaning process in place. This is completed between patients and before and after minor surgery completed.
- Replaced one of our clinical waste bins
- We complete our self-audits formally using an audit tool to show compliance.

An audit on hand washing was last undertaken on 26/07/2024

Dunstan Village Group Practice plan to undertake the following audits in 2025:

- Hand hygiene audit
- QCS internal infection control audits – monthly
- 3 Monthly Waste audit
- 3 Monthly Sharps bin audit
- Weekly Cleaning Spot Checks

Risk Assessments

Risk assessments are continuously reviewed and updated; they are revised Annually.

Legionella (Water) Risk Assessment: Hydroclear Solutions is employed by the Practice to conduct the Legionella Risk assessment; it is reviewed annually. All water maintenance and water samplings, including training is conducted by Hydroclear Solutions. The Legionella Risk Assessment has no significant findings and remains in date. The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors, or staff.

Immunisation: As a practice we ensure that all our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e., MMR, Seasonal Flu and Covid vaccinations). We take part in the National Immunisation campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.

Cleaning specifications, frequencies, and cleanliness: We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks: The practice has clinical hand washing sinks in every room for staff to use.



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Training	
<ul style="list-style-type: none"> All staff receive annual training in infection prevention and control. All staff conduct mandatory online infection control training. All clinical and non -clinical staff have completed blue stream e-learning training. IPC lead should attend quarterly IPC Lead Practice Nurse forums organised by CCG 	
Review and Update of Policies, Procedures and Guidance	
<p>All policies, procedures and guidance at the service are part of the QCS Compliance Centre and are updated on an annual basis or more frequently when changes occur.</p> <p>All Infection Prevention and Control related policies are in date for this year.</p> <p>Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually and all are amended on an on-going basis as current advice, guidance, and legislation changes. Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.</p>	
Responsibility	
It is the responsibility of everyone to be familiar with this Statement and their roles and responsibilities under this	
Additional Information	
Review date Jan 2026	

Annual Statement created by:	Maddison Aspden-Ridgill
Signed by:	Electronically signed
Date:	9/1/25