

# The New Folly Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Emond, Copsey and Bailoor on 17 February 2016. Overall the practice was rated as good but required improvement for providing safe services.

During our last inspection we found the provider had not ensured that all risks to patients were assessed and managed. This included identifying and managing risks to the health and safety of patients and staff. The provider was asked to remedy these and a requirement notice for these improvements was issued.

Following the inspection an action plan was put in place by the practice to ensure the timely progression and resolution of the concerns highlighted.

On 30 September 2016 we conducted a desk top review and found;

- A fire and health and safety risk assessment of the service had been conducted on 25 April 2016. Consequently a number of action points had been identified, prioritised and were being actively progressed.

- The practice had conducted a risk assessment in relation to the control of substances hazardous to health (COSHH) such as cleaning materials.
- The fire assessment had been conducted in March 2016. Nominated staff had been appointed as fire wardens and supported to undertake additional training in the safe and effective use of the fire safety equipment.
- A legionella risk assessment had been conducted including water testing in March 2016.
- All clinical staff had been invited and received their Hepatitis B vaccinations to protect them from blood borne infections.
- Expired needles, syringes and blood collection bottles had been removed from GP consulting rooms and systems introduced to check and replace supplies.

We were satisfied that the practice had made the required improvements.

**Professor Steve Field** CBE FRCP FFPH FRCGP

**Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services.

- A fire and health and safety risk assessment of the service was conducted on 25 April 2016. Consequently a number of action points were identified. These had been prioritised and were being actively progressed.
- The practice had conducted a risk assessment in relation to the control of substances hazardous to health (COSHH) such as cleaning materials.
- The fire risk assessment was conducted in March 2016. Nominated staff had been appointed as fire wardens and supported to undertake additional training in the safe and effective use of the fire safety equipment.
- A legionella risk assessment had been conducted including water testing in March 2016.
- All clinical staff had been invited and received their Hepatitis B vaccinations to protect them from blood borne infections.
- Expired needles, syringes and blood collection bottles had been removed from GP consulting rooms and systems introduced to check and replace supplies.

Good



# The New Folly Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector.

## Background to The New Folly Surgery

The New Folly Surgery was previously known as Drs Emond, Copsey and Bailoor. They are located in a purpose built medical centre in a predominantly residential area of Ingatestone, Essex. The practice provides services for 6472 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and higher for older people aged over 65 years. Economic deprivation levels affecting children, older people are significantly lower than the practice average across England. Life expectancy for men and women is higher than the national average. The practice patient list is similar to the national average for long standing health conditions. It has a similar to the national average for working aged people in employment or full time education and lower numbers of working age people that are unemployed.

The practice is managed by four GP partners who hold financial and managerial responsibility. One of the GP

partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. In total two male and two female GPs work at the practice.

The practice also employs three practice nurses, a practice manager, one administrator and a team of receptionists.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available in the morning between 9am and 11.30am. Afternoon appointments are available between 3.45pm and 6pm daily. In addition up to 24 emergency appointments are available after morning surgery. Telephone triage and consultations are available throughout the day.

Pre-booked GP and nurse appointments are available between 8.30am and 11.45am on Saturdays.

Patients had access to online consultations via the practice website. Patients could complete a web form with information and / or questions about a range of symptoms and medical conditions. This information was then reviewed by a GP and patients received a call or email with advice or to book an appointment.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

# Detailed findings

## Why we carried out this inspection

We inspected this service to follow up on a requirement made during the comprehensive inspection of the practice on 17 February 2016. We checked whether the necessary improvements had been made.

We carried out a desk top review under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

In February 2016 the practice was inspected and improvements were required in their management of risks to patients and staff. The inspection found;

- There were no health and safety risk assessments, fire safety risk assessments or legionella risk assessment in place.
- Clinical staff did not have periodic Hepatitis B vaccinations / screening for immunity.
- We found some out of date needles, syringes and blood specimen bottles in GPs rooms and there were no systems in place for checking these.

Following the inspection an action plan was put in place by the practice to ensure the timely progression and resolution of the concerns highlighted. We found;

- External specialists were commissioned to conduct a thorough fire and health and safety assessment of the service on 25 April 2016. The assessment considered relevant legislation such as those relating to workplace regulations, the requirements of the Equality Act, First Aid at Work and the Health and Safety Act. Consequently a number of action points were identified. These had been prioritised and were being actively progressed. For example; the fixed electrical equipment had been examined in October 2016.

- The practice had conducted a risk assessment in relation to the control of substances hazardous to health (COSHH) such as cleaning materials.
- The practice had revised their fire safety. A thorough fire risk assessment was commissioned from an external specialist and conducted in March 2016. Nominated staff had been appointed as fire wardens and supported to undertake additional training in the safe and effective use of the fire safety equipment. The practice continued to be advised on the suitability and potential improvement of their fire alarm and emergency lighting systems.
- A legionella risk assessment had been conducted and whilst the premises were considered low risk, water testing had been conducted as an additional assurance in March 2016.
- All clinical staff had been invited and received their Hepatitis B vaccinations to protect them from blood borne infections.
- Expired needles, syringes and blood collection bottles were removed from GP consulting rooms. All other stock was checked to ensure equipment was safe to use. Administrative staff had been appointed to support the clinical team to check and replace supplies.