

# Furnace Green 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 

Are services well-led?

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 of this practice on 5 January 2016. Breaches of legal requirements were found in relation to safety and for being well-led. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements. We undertook this focused inspection on 13 September 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

Our previous report highlighted the following areas where the practice must improve:

- Ensure there are clear and formal arrangements in place for the management of infection control and for the assessment, monitoring and minimising of associated risks.
- Ensure clinical waste is disposed of safely and securely in order to minimise the risks to staff, patients and visitors to the practice.
- Clearly define and embed practice specific policies, processes and practices to ensure patients are safeguarded from abuse.

- Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times.
- Formally document all practice specific policies and procedures and ensure these are made available to all staff.

Our previous report also highlighted the following areas where the practice should improve:

- Seek to improve communications with external agencies.
- Ensure information sharing from senior meetings with staff at all levels.
- Provide arrangements for all staff to attend formal meetings and clinical supervision.
- Improve processes to engage with the patient reference group in order to gather feedback and involve patients in the delivery of the service.
- Display information that translation services are available to patients who do not have English as a first language, and ensure all staff are aware of these services.

# Summary of findings

At this inspection we found that all of the requirements had been met. Our key findings across the areas we inspected for this focused inspection were as follows:-

- The practice had appointed a new infection control lead. Audits were undertaken and action plans were completed to address the issues that were identified. All staff had received infection control training appropriate to their roles including general infection control, hand washing and handling of samples.
- The practice had reviewed their clinical waste disposal arrangements and had arranged an external waste disposal audit to ensure safe and secure disposal methods.
- The practice had re-organised, updated and improved the accessibility of policies and procedures. They had appropriate practice specific policies in place that were not present at our last inspection. This included that up to date policies were in place which clearly provided the lead GPs for safeguarding. Staff had been trained to a level appropriate to their role.
- There was a system to ensure the security of printer prescriptions when not in use. They had reviewed and put in place a new process to monitor the use of blank prescription sheets.

**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 now rated as good for providing safe services.

At our previous inspection in January 2016 we found that the practice had not; clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; ensured that arrangements were in place for the management of infection control; ensured the safe and secure disposal of clinical waste and ensured the security and tracking of blank prescriptions at all times.

On this occasion we found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. This included that up to date practice specific policies were in place which clearly provided the lead GPs for safeguarding. Staff had been trained to a level appropriate to their role.
- The practice had appointed a new infection control lead. They had carried out a recent infection control audit and had an action plan to address the issues that were identified. All staff had received infection control training appropriate to their roles including general infection control, hand washing and handling of samples.
- The practice had reviewed their clinical waste disposal arrangements and had arranged an external waste disposal inspection to ensure safe and secure disposal methods.
- There was now a system to ensure the security of printer prescriptions when not in use and they had reviewed and put in place a new system of monitoring the use of blank printer prescription sheets.

Good



### Are services well-led?

The practice is now rated as good for being well-led.

At our previous inspection in January 2016 we found that the practice had not; formally documented practice specific policies and procedures; ensured that policies were accessible to all staff; ensured that meetings were available for attendance by all staff and information from those meetings were shared and ensured patients were involved in practice improvements.

On this occasion we found that:

Good



# Summary of findings

- The practice had re-organised, updated and improved the accessibility of policies and procedures. They now had appropriate practice specific policies in place that were not present at our last inspection.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had initiated a patient participation group and had involved them in a decision to trial a lunchtime closure.
- Staff told us that communication had definitely improved since our last inspection and they felt more involved in the practice. This included there were opportunities for all staff to attend meetings.
- There was a focus on continuous learning and improvement at all levels within the practice. They had also taken steps to improve communication with other agencies in order to share information and best practice.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated good for the care of older people.

At our inspection on 5 January 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as good for safety and for being well-led, therefore this population group is now also rated as good.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

At our inspection on 5 January 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as good for safety and for being well-led, therefore this population group is now also rated as good.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

At our inspection on 5 January 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as good for safety and for being well-led, therefore this population group is now also rated as good.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

At our inspection on 5 January 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as good for safety and for being well-led, therefore this population group is now also rated as good.

Good



# Summary of findings

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

At our inspection on 5 January 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as good for safety and for being well-led, therefore this population group is now also rated as good.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

At our inspection on 5 January 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as good for safety and for being well-led, therefore this population group is now also rated as good.

**Good**



# Furnace Green Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was completed by a CQC Inspector.

## Background to Furnace Green Surgery

Furnace Green Surgery is located in a residential area of Crawley and provides primary medical services to approximately 7,200 patients.

Services are provided from the location of Furnace Green Surgery, 50 The Glade, Crawley, West Sussex, RH10 6JN. The service is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; surgical procedures; and maternity and midwifery services.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Crawley Clinical Commissioning Group (CCG).

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

5 January 2016 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. Breaches of legal requirements were found at this inspection, and as a result we undertook a focused inspection on 13 September 2016 to follow up on whether action had been taken to address the breaches.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We carried out this announced visit on 13 September 2016. During our visit we:

- Spoke with a range of staff including; two GP partners, the practice manager, one practice nurse and one receptionist/administrator.
- Observed how people were being cared for.
- Made observations of the internal and external areas of the premises.
- Reviewed documentation relating to the practice including policies and procedures.

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

The practice is now rated as good for delivering safe services.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. We saw practice specific policies that had been updated since our last inspection to include relevant local information and they were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead GPs for safeguarding along with a deputy in case the lead was absent. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that the practice manager had developed a system to record and monitor all training completed by clinical and non-clinical staff, which included safeguarding children and adults. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level two or three and all non-clinical staff to level one.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice senior nurse had become the infection control clinical lead since our last inspection, who liaised with the local infection prevention teams to keep up to date with best practice.

We noted that disposable curtains were now dated to ensure they were replaced every six months in accordance with guidelines. The infection control lead and a GP partner were reviewing their waste disposal arrangements; this included that all sharps bins were now sited safely and the practice had ensured waste could be secured safely. The practice had also arranged for an external waste audit and they had been inspected in April 2016, we were told about how they were using guidance from this to improve; such as developing guidance on the most appropriate disposal methods for certain hazardous drugs. We saw evidence that there was an updated infection control policy in place along with a variety of relevant protocols, for example for handwashing and sharps injuries. We saw that staff had received up to date training on infection control using an online training system, alongside this the infection control lead had discussed handwashing techniques with staff at an away day. The practice had also improved their facilities by installing improved taps. The practice had taken the decision to conduct infection control audits every three months. We saw a comprehensive audit that was conducted on 6 September 2016 and an action plan had been drawn up, to ensure action was taken to address any improvements identified as a result. The infection control lead told us that the action plan was monitored and discussed at a weekly clinical meeting.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We saw that the practice had arranged secure storage for the printer prescription sheets and locked them away at the end of each clinical session. They had reviewed and put in place a new system for monitoring and tracking blank printer prescription sheets throughout the practice.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

The practice is now rated as good for being well-led.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Practice specific policies were implemented and were available to all staff. Since our last inspection the practice had updated and reviewed their policies and procedures. We saw that the practice now had appropriate practice specific policies in place that were not present at our last inspection, for example safeguarding children and adults, significant events and information governance. They had reviewed the organisation of policies and procedures and improved their accessibility. This ensured all staff were able to easily access the information either in hard copy or a shared location on the computer system. We also saw the staff handbook had been updated.
- We saw the practice had also developed a protocol for translation services. We saw this included information on how to book services such as language line and interpreters. In the waiting room we saw that the digital check in system had a number of different languages available.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

- Staff told us the practice held regular team meetings. This included all staff meetings, clinical meetings, informal coffee breaks and away days. The most recent away day was organised on 30 September 2016, which all staff were invited to and where the clinical commissioning group delivered training. The practice had made sure that minutes from meetings were made available to staff not able to attend.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They told us that communication had definitely improved since our last inspection and they felt more involved in the practice. We were told that the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice, which staff enjoyed and felt they were able to bring fresh ideas forward.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients by setting up a patient participation group (PPG) and through surveys and complaints received. The PPG was new and had held two meetings, but they had already been involved with improvements at the practice by assisting with a decision to trial a lunchtime closure. The practice told us they planned to use this time for training and informal lunch meetings with staff.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice told us they had also taken steps to improve communication with other agencies in order to share information and best practice. This included that they invited other organisations to attend their weekly partner meeting. They also set up and facilitated educational focused meeting once per month, for example their previous meeting had been focussed on learning and updating knowledge of the Deprivation of Liberty Safeguards. (The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used, but only if they are in a person's best interests).