

# The Hawthorns 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 a desk-based review of evidence requested from The Hawthorns Surgery on 23 August 2016. Overall the practice is rated as good.

During our previous inspection of the practice on 26 November 2015 the practice was rated requires improvement for the safe domain. The practice was issued with one requirement notice for breaches in regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The issues related to legionella risk assessments not being in place and ensuring systems were in place to monitor the use of prescription stationery.

This desk-based review was to assess the action that had been taken by the provider since the last inspection through a review of evidence relating to the issues identified previously. For this reason we have only rated the location for the safe domain. The report should therefore be read in conjunction with the full inspection report published in February 2016.

Through a review of the information sent to us by the provider we found the practice had made changes since their previous inspection in November 2015. We found that robust action had been taken regarding the issues identified at the previous inspection and that the practice was now meeting the requirements of the standards. This meant that the practice was now rated as good in safe domain. All other domains were already previously rated as good.

Specifically we found that since the last inspection:

- The practice had developed and implemented a robust new policy to monitor the use of prescription stationery.

Risks to patients were assessed and well managed. A legionella risk assessment had been completed and the practice had implemented the recommendations to minimise risk.

**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?**

- Risks to patients were assessed and well managed.
- We saw evidence to demonstrate that risks related to legionella had now been assessed and processes implemented to minimise risk.
- Robust systems were now in place to monitor the use of prescription stationery.

**Good**



# The Hawthorns Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our desk-based review was carried out by a CQC Inspector.

## Background to The Hawthorns Surgery

- The Hawthorns Surgery provides primary medical services to approximately 12,200 patients in the local community.
- The practice has a General Medical Services (GMS) contract. The GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.
- The practice has six GP partners (two female and four male), one female salaried GP, a practice manager, an office manager, four practice nurses, two healthcare assistants, as well as IT, administrative and reception staff.
- The practice is a teaching practice for medical students as well as a training practice for trainee GPs who had recently completed medical school studies and were undertaking further training.
- The practice is open between 8.15am and 6.30pm Monday to Friday. Appointments take place from 8.30am to 11am every morning and 3.30pm to 6pm daily. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for patients that need them.
- The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to

be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.

## Why we carried out this inspection

On the 26 November 2015 we carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We published a report setting out our judgments which identified a breach of regulation under the safe domain. We asked the provider to send a report of the actions they would take to comply with the regulation they were not meeting.

This desk-based review was planned to check whether the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 through a review the areas which had previously led to a rating of requires improvement in the safe domain and to provide an updated rating for the service under the Care Act 2014.

## How we carried out this inspection

We carried out desk-based review of evidence on 23 August 2016.

During our visit we:

- Reviewed documentation and evidence made available to us relating to issues reported on at the previous inspection.

# Detailed findings

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

At this desk-based review, we looked at the evidence submitted to us by the provider in relation to the issues that had been identified at the previous inspection within this domain. The issues related to monitoring the use of prescription stationery and assessment and implementation of actions to minimise the risk of legionella.

### Overview of safety systems and processes

Previously we noted that prescription stationery was stored securely, however there were no systems in place to monitor their use. Following a review of the evidence provided by the practice, we found that:

- A comprehensive prescription security protocol had been developed. We were sent evidence to demonstrate that the new processes were being implemented. For example we reviewed prescription log sheets which were being used to track prescription stationery.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- Previously we found that the practice did not have any arrangements in place to assess and if necessary minimise the risk of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The information submitted by the provider evidenced that the practice had completed a robust legionella risk assessment.
- The risk assessment had made recommendations to minimise risk of legionella and the practice provided evidence to demonstrate that these had been fully implemented. For example, we saw evidence to indicate that work to replace or remove some structures within the practice to reduce legionella risk had been carried out. Additionally, a robust legionella risk management policy had been developed with named individuals against specific areas of responsibility.
- The practice manager and one of the GP partners had completed training on Legionnaires Disease.