

# Hawthorn 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 desk based follow up inspection on 30 June 2016 to follow up concerns we found at Hawthorn Surgery on 5 November 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff did understand and fulfil their responsibilities to raise concerns and report incidents and near misses. Incidents had been recorded and actions and lessons learned identified to prevent reoccurrence.

- Temperatures were been checked and recorded most days. The practice manager explained days that had not been checked were due to nursing staff not being at work and that they would make sure other staff members were shown how to do it to cover for these days in the future.
- There was a robust system for making referrals for GP's to follow.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Incidents had been recorded and actions and lessons learned identified to prevent reoccurrence.
- Temperatures were been checked and recorded most days. The practice manager explained days that had not been checked were due to nursing staff not being at work and that they would make sure other staff members were shown how to do it to cover for these days in the future.
- There was a robust system for making referrals for GP's to follow.

Good



# Hawthorn Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Hawthorn Surgery

Hawthorn Surgery is a two partner practice in a purpose built building on the outskirts of Scotter village. The practice list size is approximately 4100 patients and covers approximately 75 square miles and includes a further 17 surrounding villages. The site has car parking and pedestrian access and additional parking has also been secured at the village hall a short walk away.

The practice has two GP partners, both male, and a female locum GP that attends the practice for one session most weeks. The practice is a dispensing practice and dispenses to approximately 30% of its list size. The practice employs a practice manager who has worked there for over 20 years, two part time practice nurses and a phlebotomist along with six administration staff and five dispensary staff.

The practice provides GP services under a (GMS) General Medical Services contract.

The practice has a small ethnic population and offers telephone interpreters for those that have language difficulties. The practice also covers patients in four care homes, two of which are supported with weekly visits by one of the partners.

The surgery is open from 8am until 6.30pm Monday to Friday other than Wednesday when the practice closes at 12.30pm. The surgery also closes for lunch from 12.30pm to 2pm. Appointments are available from 8.45am although on

a Thursday there are appointments from 8.20am and appointments are available up until 6pm twice a week. The practice operates an emergency clinic every day at 11am. This is for patients that call on the day and need to be seen on the day. The practice also offer appointments that can be booked up to a week in advance, telephone consultations and home visits.

The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

## Why we carried out this inspection

We carried out a desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is 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.

## How we carried out this inspection

Before carrying out this inspection, we requested information from the practice to demonstrate the actions they had taken as a result of our inspection in November 2015. This included:

- Significant Event Policy /Protocol
- Practice meeting minutes and agendas

## Detailed findings

- Report of incidents reported since February 2016 with actions taken and lessons learned.
- Referral process.

- Copy of fridge temperature checks from March 2016.

We then reviewed this information during a desk based follow up inspection on 30 June 2016.

# Are services safe?

## Our findings

Following an announced comprehensive inspection on 5 November 2015, the practice was rated as 'requires improvement' for safety.

At the inspection in November 2015 staff did not understand and fulfil their responsibilities to raise concerns and report incidents and near misses. Not all incidents had been recorded and trends and themes were not looked at in detail to prevent reoccurrence. Since that inspection the practice have a new procedure and protocol for incidents and significant events that included a grading of the incident. This also included positive incidents. Minutes from practice meetings showed that the incidents were discussed and that lessons learned or actions taken were communicated to prevent reoccurrence, such as change in processes.

At the inspection in November 2015 we found that fridge temperatures were checked weekly. We spoke with the

practice manager and they immediately introduced a procedure for recording each fridge temperature daily and a monitoring sheet that we saw evidenced since the inspection. The practice forwarded the monitoring sheets for the fridges since March 2016 and we saw that the temperatures were been checked and recorded most days. The practice manager explained days that had not been checked were due to nursing staff not being at work and that they would make sure other staff members were shown how to do it to cover for these days in the future.

At the inspection in November 2015 the system for making referrals was not robust. There was no clear system in place for monitoring or ensuring that referrals were done within a specific timeframe. GPs used different methods for requesting referrals following correspondence from secondary care. The practice forwarded a new referral process that was in place which meant that all GP's completed a form if a referral was required which the patient would then take to reception for the referral to be completed.