

Branston and Heighington Family Practice

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.

Summary of findings

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Summary of findings

Overall summary

Branston and Heighington Family Practice provides primary medical services to a population of approximately 5800 patients in the Lincolnshire village of Branston and the surrounding area. The main surgery is at Station Road, Branston. The practice has a small branch surgery at Heighington. We did not visit the branch surgery. The practice provides dispensing services, offers minor surgery by arrangement with the GP, asthma and diabetes clinics, immunisations, antenatal care and blood taking services.

During this inspection we looked at how the practice delivered the regulated activities; Diagnostic and Screening Procedures, Maternity and Midwifery Services and Treatment of Disease, Disorder and Injury.

Patients told us that overall they were happy with the service provided; they told us they were involved in decisions about their care and treatment and were treated with dignity and respect by staff. However, we found that patients had difficulty accessing appointments and experienced long waits to see the doctor.

People's privacy, dignity and confidentiality were not always maintained. Patients were at risk of receiving unsafe care as staff did not have protocols and procedures to follow for a number of tasks including blood taking and responding to medical letters.

Effective systems for recruitment of staff were not in place. Staff were employed without relevant background checks having been carried out.

Staff did not receive appropriate support and supervision to enable them to carry out their duties. Not all staff had completed relevant mandatory training and supervision and appraisal meetings were not held regularly.

We found that the service was not well led. Systems were not in place to monitor the effectiveness of the service, identify and manage risks or learn from previous incidents.

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 had some systems in place to ensure patients were safe and protected from abuse and avoidable harm; however appropriate protocols and guidance were not in place to enable staff to carry out their duties safely.

Appropriate procedures for recruitment of staff were not in place.

We found the practice clean and well maintained and infection prevention and control audits had been carried out.

We found the dispensary service was well organised with safe systems, however staff were not able to access relevant training.

The resuscitation trolley, used to deal with medical emergencies, was stored securely in a clinical room.

We found that all medicines and equipment were in date and equipment had been maintained.

Safeguarding and whistleblowing policies and procedures were in place. However not all staff were aware of these and not all had attended recent safeguarding awareness training.

The practice employed sufficient staff to meet patients' needs. However due to long term absences they were not always available. Patients experienced difficulty in accessing appointments and treatment.

We found the practice did not have appropriate systems in place for recording incidents or near misses or learning from events. Staff told us information was not communicated to them well.

Are services effective?

We found that staff did not have access to regular training or appraisal. We saw that newly appointed staff had not always received induction training.

A meeting was held for all staff each morning prior to the practice opening, which gave staff the opportunity to review any incidents or information of note from the previous day. We saw that meetings of clinical staff were held to discuss end of life care for terminally ill patients.

The provider informed us that partner' meetings, to discuss issues relating to the practice were held approximately every six months.

Summary of findings

Are services caring?

Patients and their relatives we spoke with and comments cards we received reflected that people were positive about their experiences at the practice. Patients felt that staff treated them with dignity and respect and spoke to them in a polite and friendly manner.

We found the confidentiality of patients was not always maintained as it was possible to overhear discussions between patients and receptionists

Are services responsive to people's needs?

Patients we spoke with and comments cards received identified that people felt the service met their needs but they experienced difficulty in accessing appointments.

Staff were not aware which organisation provided out of hours (OOH) care when the practice was closed. We found that the practice did not receive any feedback from the OOH provider if patients had used the service. There was no evidence of involvement or collaborative working between the practice and the OOH provider.

We saw that complaints had been received and responded to appropriately by the provider. The practice did not have a patient participation group (PPG) or any other way to record patient opinion regarding the service offered.

Staff had not received training in how to chaperone a clinician whilst they administered care and told us they felt uncomfortable and unsure of the correct procedures to follow when chaperoning.

Are services well-led?

We did not find evidence that the practice was well led or that the effectiveness of management systems had been reviewed.

Staff we spoke with told us they enjoyed working at Branston and Heighington Family Practice. However staff felt they were not involved in decisions relating to the operation of the practice and did not feel well informed. Some staff told us they felt separated from the practice and did not receive information relating to changes.

We found that staff had not received appraisals, did not know who they should raise issues with and did not have confidence issues would be resolved.

Summary of findings

What people who use the service say

Patients who used the service, their relatives and carers all told us they were happy with the care they received at Branston and Heighington Family Practice. They told us they were treated with dignity and respect by staff, that they felt safe and that the service met their needs.

People told us they had found difficulty in accessing the service particularly when using the telephone appointment booking service.

The Care Quality Commission (CQC) provided comment cards to enable patients and carers to comment upon the service provided by Branston and Heighington Family Practice. Ten comment cards were returned. Of these, four gave positive feedback highlighting staff attitude and the personalised service given by the doctors. Six cards contained negative comments. The main concerns identified were the small size of the practice building and access to appointments.

Areas for improvement

Action the service **MUST** take to improve

The provider must develop guidance and protocols for staff on how to prioritise appointment bookings and assess patient's needs. Protocols must be developed for staff to assess and authorise blood tests.

The provider must ensure that all staff receives emergency resuscitation training.

The provider must develop systems to enable people who use the service and staff to give feedback regarding their experiences of the service.

Fire evacuation procedures must be reviewed and regular evacuation drills carried out.

The provider must develop appropriate arrangements for patients to be chaperoned.

The provider must ensure that staff receives appropriate training on how to act as a chaperone to protect patients dignity and safety.

The provider must develop procedures to ensure that private and confidential information is not discussed in public areas of the practice.

The provider must develop effective recruitment practices to ensure all required pre-employment checks are carried out.

The provider must develop systems to ensure staff receive appropriate support and appraisal.

The provider must develop systems to ensure that staff are supported in their role and are aware of developments within the practice.

Action the service **COULD** take to improve

The provider could review the appointment booking system and establish protocols for staff to prioritise calls.

The provider could update the safeguarding policy to include contact details for the relevant local safeguarding agencies.

Procedures for reporting on and investigating untoward incidents could be formalised. All staff would benefit from being informed of any outcomes or learning from incidents.

Branston and Heighington Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP and the team included a second CQC inspector and a practice manager.

Background to Branston and Heighington Family Practice

Branston and Heighington Family Practice provides primary medical services to the population of approximately 5800 people in the village of Branston, Lincolnshire and the surrounding area. The main surgery is at Station Road, Branston, and Lincoln.

The practice also has a small branch surgery at Heighington. The main surgery is open 8.30am to 1.00pm and 2.00pm to 6.00pm Monday to Friday but closed at weekends. The branch surgery is open on Tuesday afternoons if the GP is available otherwise it is closed.

The practice provides dispensing services, offers minor surgery by arrangement with the GP, asthma and diabetes clinics, immunisations, antenatal care and blood taking services.

Branston and Heighington Family Practice has a significantly higher percentage of the practice population aged 65 and over and a slightly higher percentage of people aged 18 and under than the England average.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

We spoke with six people who used the service, ten members of staff and looked at ten comments cards completed by patients. Prior to the inspection we spoke with representatives of two care and residential homes who had patients registered at the practice.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before our inspection, we reviewed a range of information we held about the service and other information that was available in the public domain. We asked other

Detailed findings

organisations to share what they knew about the service. We spoke with representatives from two residential and nursing homes where patients were registered with the practice.

We carried out an announced visit on the 7 May 2014 and visited the main surgery. We did not visit the branch surgery during this inspection. We spoke with six patients who used the service. We observed how people were being cared for and reviewed the treatment records of patients. We received ten comments cards where patients and members of the public and staff shared their views and experiences of the service.

During our visit we spoke with ten members of staff which included the registered manager, receptionists, administrators, dispensers, practice managers, practice nurse and GP.

We reviewed information that had been provided to us during the visit and we requested additional information which was reviewed after the visit.

Are services safe?

Summary of findings

The provider had some systems in place to ensure patients were safe and protected from abuse and avoidable harm; however appropriate protocols and guidance were not in place to enable staff to carry out their duties safely.

We found the provider did not have appropriate systems in place for recording incidents or near misses or learning from events. Staff told us information was not communicated to them well. This meant that staff may not be aware of important information relating to the running of the practice or learning from untoward events.

Appropriate procedures for recruitment of staff were not in place.

We found the practice clean and well maintained and infection prevention and control audits had been carried out.

We found the dispensary service was well organised with safe systems, however staff were not able to access relevant training.

The resuscitation trolley, used to deal with medical emergencies, was stored securely in a clinical room.

We found that all medicines and equipment were in date and equipment had been maintained.

Safeguarding and whistleblowing policies and procedures were in place. However not all staff were aware of these and not all had attended recent safeguarding awareness training.

The practice employed sufficient staff to meet patients' needs. However due to long term absences they were not always available. Patients experienced difficulty in accessing appointments and treatment.

Our findings

The provider had a process for recording any incidents or health and safety concerns. Staff were encouraged to submit significant event reports which were then reviewed regularly by partners. These reviews were not attended by all staff and feedback was not given to all staff. Some staff we spoke with were unaware that the practice had an incident process.

The provider had a policy in place for managing safeguarding concerns. The policy included signs and types of abuse and identified specific staff as main contacts. We saw that one GP was designated a safeguarding lead and had undertaken training to an appropriate level. Staff we spoke with were aware of the policy and could describe their role in raising a concern. However the policy did not include contact details for the local safeguarding authority. We saw that 11 of 19 staff had completed online safeguarding awareness training. Of these 11, four had not received updated training since 2011. One person told us they would prefer face to face training as they did not benefit from the online learning programme. This showed that patients were not always protected from the risk of abuse as staff did not have sufficient training and effective systems were not in place.

A whistleblowing policy was included in an employee handbook. Whistleblowing is the term used when an employee of an organisation raises concerns about that organisation whilst still employed. Staff we spoke with were not aware of the policy and gave conflicting answers regarding who they would raise a concern with. This showed that patients may not have been protected from the risk of abuse or unsafe care as systems were in place but staff were unaware of their use.

The practice had a dispensary with three designated staff. The dispensary had appropriate systems in place for the safe storage, management and administration of medicines. We checked storage arrangements for and expiry dates of medicines at the practice. We found that all medicines were in date and that fridge temperatures were recorded daily. Records showed the temperature did not fluctuate outside the stated acceptable limits. We noted that lighting in the dispensary made the area uncomfortably hot. Records showed this had been discussed at least twice in the two years prior to our inspection and assurances given that this would be

Are services safe?

rectified. However no time scale had been set for this and the work had not been carried out. At the time of our inspection staff used a portable electric fan to cool the area. This could have a negative impact on the efficacy of some medicines.

Advice on repeat prescriptions was available on the practice website. Prescriptions could be ordered on-line or by handing in the right side of the last prescription. There was no indication whether prescriptions could be ordered by telephone. The practice did not have a system in place to proactively review repeat prescriptions. This was potentially unsafe particularly for patients prescribed multiple medicines.

We found the practice to be clean and well maintained. Infection control audits were carried out and the provider had appropriate policies and procedures in place to minimise the risk and spread of infection. A clinical member of staff was designated as the infection control lead with responsibility for completing audits and reviewing the policy. We found that seven of the 19 staff had completed training on infection prevention and control. Records showed that two members of clinical staff had not completed any infection prevention and control training. This showed that patients may be at risk of harm from the spread of infection as not all staff had received updated training.

We found that the practice did not have a recruitment policy in place and did not have a robust process to ensure that people employed were of good character or had the skills and experience to carry out their duties. We looked at the employment files of five of the 19 staff employed at Branston and Heighington Family Practice. We found that all five included Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) checks. However three of these checks were for employment that predated their time at the practice. One CRB check we saw was dated three years prior to the person's employment. We found that files did not include evidence of previous employment history, references had not been sought and that proof of identification was not available.

We saw that where required evidence of registration with a professional body was recorded for staff. However the provider did not have a system to ensure continued

registration was maintained. Staff were not aware of how to confirm current registration was valid. This showed that the provider did not have appropriate recruitment and employment systems in place.

The practice had access to medical equipment and medicines to enable them to deal with medical emergencies. We saw that medicines were in date and available equipment was maintained. Records showed that the emergency equipment trolley was checked weekly by a clinical member of staff. We found that we were unable to access the trolley initially as it was stuck in a corner of the treatment room with a stool wedged between it and the wall. We informed practice staff who rectified the issue during our inspection.

The provider did not have their own defibrillator. We were told the practice had access to a community defibrillator supplied by East Midlands Ambulance Service (EMAS) and stored in a locked box outside the practice. When we checked this device we found that it was overdue a service and that some of the equipment had exceeded its use by date. Although the defibrillator was the responsibility of EMAS, the provider had included it in their procedure for dealing with emergencies but did not include it on the emergency equipment checklist. The provider did not have a system in place to ensure it was in working order.

We found that 12 of 19 staff had received recent resuscitation training to enable them to deal with medical emergencies.

We could not find evidence that the provider had ever carried out a fire evacuation drill. Staff told us they had never taken part in a drill. This was confirmed by the practice manager. During the inspection we noted that patients with wheelchairs or parents with pushchairs would have difficulty exiting the building via the rear fire escape due to a tight turn and step.

We looked at other equipment including computers, glucose monitors and nebulisers, a device to deliver medicine in aerosol form to aid breathing. We found there was sufficient equipment available to staff to meet people's needs. We saw evidence that equipment was regularly maintained and in good working order. For example small electrical items had current portable appliance (PAT) checks carried out.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that staff did not have access to regular training or appraisal. We saw that newly appointed staff had not always received induction training.

A meeting was held for all staff each morning prior to the practice opening, which gave staff the opportunity to review any incidents or information of note from the previous day. We saw that meetings of clinical staff were held to discuss end of life care for terminally ill patients.

The practice informed us that partner' meetings, to discuss issues relating to the practice were held approximately every six months.

Our findings

We were told that clinical meetings were held every month; however records showed that only two meetings had been held in the previous year. The practice confirmed these were the only clinical meetings held in that time. These records showed external speakers were invited to give presentations on asthma management and diabetes. Issues around communication with non-clinical staff, health and safety and infection control were discussed. We did not see evidence that these discussions were shared with other staff. Staff we spoke with confirmed this.

The partners had both carried out recent clinical audits as part of their GP appraisal. Clinical audit is a process to improve patient care and outcomes through the systematic review of care and implementation and review of change. We saw that one audit was used to produce a protocol for osteoporosis management. The second audit had not yet been presented.

Data we saw prior to our inspection showed that the practice scored well on the majority of Quality and Outcomes Framework (QOF) indicators for patient outcomes with management of dementia, cardio pulmonary disease, cardiac problems, diabetes and cancer scoring higher than other similar practices.

We saw that regular multidisciplinary team meetings (MDT) were held to discuss end of life care for the terminally ill. The computer system used by the practice gave community staff and out of hours services limited access to the patient's general practice record which ensured that the agreed care plan was followed.

Staff we spoke with told us they did not have access to regular training and had not received appraisal of their performance or supervision. Records we saw confirmed that only three of 19 staff had received an appraisal in the past year. However none of the staff had received any recent training specific to their role or any professional development. This was confirmed by the practice manager and records we saw. Staff told us they were concerned about their workload and had requested an appraisal or supervision meeting to discuss their concerns but this had not been arranged.

All ten staff we spoke with told us they did not receive induction training when they first began working at Branston and Heighington Family Practice. This was

Are services effective?

(for example, treatment is effective)

confirmed by records we saw. Notes of meetings held for all practice staff showed that these meetings were held over a year apart, we did not see evidence that issues were followed up or that staff had the opportunity to contribute to discussions about the practice.

Some staff told us they had requested training but it had not been approved. This was confirmed by the practice manager who told us they had attempted to find suitable training but had been unsuccessful.

Staff told us they had never had chaperone training even though they were asked to chaperone from time to time. This showed that staff were not suitably trained to ensure that patients' privacy and dignity were protected. Notes of the staff meeting held in March 2013 stated that all staff were required to complete training covering; infection

control, information governance, fire safety and child protection. Records we saw showed that of 19 staff employed at the practice only one had completed all the mandatory training. Three had completed information governance; seven had completed Infection control, nine had completed fire safety and 12 had completed safeguarding / child protection training.

Health promotion information was displayed in the reception area of the practice. An automated blood pressure machine was also available for patients to use whilst waiting to see the GP. The practice website informed patients of clinics available including management of asthma and diabetes. Referrals were made to smoking cessation service and contact details for carer support groups were also displayed.

Are services caring?

Summary of findings

Patients and their relatives we spoke with and comments cards we received reflected that people were positive about their experiences at the practice. Patients felt that staff treated them with dignity and respect and spoke to them in a polite and friendly manner.

We found the confidentiality of patients was not always maintained. It was possible to overhear discussions between patients and receptionists throughout the ground floor of the building and particularly in the waiting area.

Our findings

We spoke with six patients and reviewed ten comment cards. All feedback indicated that people were happy with the care they received at Branston and Heighington Family Practice. One person told us “I am happy to wait for the doctor, He is wonderful and trustworthy he will talk you through the process. He listens to you. I love this surgery. He takes time with you.

We spoke with staff at a care home with patients registered at the practice. They told us they had no concerns regarding the practice and were happy with the care people received. One person told us “they are generally good when we ask them to come out and make appointments. The GP’s are usually very pleasant.” A second person said “Generally the residents are happy with service”.

All of the patients, their relatives and carers we spoke with were positive about the care they received from Branston and Heighington Family Practice. One person told us “I can’t speak highly enough of the staff here”. A second person said, “(Its) Very good, very nice here”. A further person commented “On the occasions I have needed to see the GP I have been treated with respect, listened to properly and treated most efficiently with referrals and treatments”. Comments we reviewed included, “I’ve been with Branston surgery for many years. Having had major health problems I’ve always been treated by all the doctors with dignity and care, including all staff on duty. The doctor delivered a script (prescription) at 8pm at night. I think this is excellent personal service above the call of duty”. A further comment read “As usual the staff at Branston are very helpful, so nice”.

During our inspection we noted that staff were kind and caring and committed to providing good care to patients.

A sign was displayed on the reception desk advising patients they could talk in private if required. Facilities were available for patients to talk in confidence. However we found that patient’s confidentiality was not always maintained. Due to the small size of the building and reception area we noted it was possible to overhear conversations between patients and staff. These conversations included details of medical conditions and medications which were clearly intended to be private. During the inspection we observed a member of staff

Are services caring?

administering care and treatment to patients on three separate occasions whilst the door to the treatment room was open. This meant that privacy and dignity was not respected during treatment.

Chaperone arrangements were not available at the Heighington branch surgery as the doctor worked alone at that location. The doctor confirmed that if a patient requested a chaperone they would not be able to offer it and would have to cancel and rearrange the appointment.

A staff member told us about their experience assisting clinical staff when examining patients at the main surgery. They told us that on two occasions they had felt uncomfortable, as they felt proper procedures were not followed; and patient's dignity was not upheld. They told us they had never had chaperone training even though they were asked to chaperone from time to time. This showed that staff were not suitably trained and that patients' privacy and dignity were not protected.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Patients we spoke with and comments cards received identified that people felt the service met their needs but they experienced difficulty in accessing appointments.

Staff were not aware which organisation provided out of hours (OOH) care when the practice was closed. We found that the practice did not receive any feedback from the OOH provider if patients had used the service. There was no evidence of involvement or collaborative working between the practice and the OOH provider.

We saw that complaints had been received and responded to appropriately by the practice. The practice did not have a patient participation group (PPG) or any other way to record patient opinion regarding the service offered.

Staff had not received training in how to chaperone a clinician whilst they administered care and told us they felt uncomfortable and unsure of the correct procedures to follow when chaperoning.

Our findings

We spoke with staff at a care home with patients registered at the practice. They told us they had no concerns regarding the practice and felt staff were responsive to people's needs. One person told us "when we ever have any need of referrals we've never had any problems with that".

Comments we reviewed showed people felt their needs were met by the practice and that staff responded to people's individual needs. One person commented "I needed a blood test and got an appointment no problem. As usual the staff at Branston are very helpful, so nice". A second comment read "Fantastic attention. I telephoned at 5:45 and I saw a doctor at 6:05 who was so helpful and reassuring. Antibiotics were then dispensed and I left the surgery at 6:35, all so very helpful".

We found that staff were not aware of which organisation provided medical cover when the practice was closed. During the inspection this information was provided by the practice manager. The provider held a regular morning meeting to discuss any developments from the previous day and plan that day's activity. This meeting also covered calls to 111 out of hour's service from patients registered at the practice. We found that the practice was not informed when patients used the out of hour's service and did not in fact, receive any written or electronic communication from the out of hours provider. The practice manager confirmed they have had no engagement with the practice and the services were not joined up. We asked the practice manager to review this and inform us of the outcome. This showed that the service did not have systems in place to ensure they always responded to patients' needs.

During our inspection we observed a patient attempt to book an appointment at the asthma review clinic. The patient was told that the next available appointment was in four weeks. The patient accepted there would be a long wait. We then observed a number of phone calls during which patients were told the next available appointment was in four weeks. We did not hear the receptionist enquire about the patient's individual needs or make any attempt to respond to urgent needs. The response on the phone was the same for everyone.

We asked the reception staff if there was any guidance on how to handle calls, what to say or how best to respond to

Are services responsive to people's needs?

(for example, to feedback?)

patient's telephone calls. They told us "No prompts or guidance same groove, same text. Only difference if they have chest pains then we advise, go to hospital" This showed that the service was not responsive to the needs of patients.

We observed two patients waiting to see the GP. One waited 45 minutes the other waited one hour. We spoke with three patients whilst they waited for The doctor. One patients said, "I am happy to wait for the doctor, he is wonderful and trustworthy, he will talk you through the process. He listens to you. I love this surgery. He takes time with you". The second person commented "You shouldn't have to wait so long for the doctor. This happens every time we come. It's not good" The third patient who had waited 45 minutes said, "I normally wait a long time for the doctor. He is very good. I had to wait three weeks for this appointment." A further patient we spoke with told us, "No problem I don't mind queuing for an appointment, its normally busy. Don't have chaperone always see female staff. It's a good service."

We saw that steps had been taken to attempt to address the issue of long waits for and access to appointments. Each doctor had a maximum of three emergency appointment slots available at the end of each surgery. However staff were not aware what would be classed as an emergency to access these appointments and there was no

guidance available to support them. All observations indicated these additional appointments were allocated on a first come first served basis. Once these additional appointment slots were filled reception staff advised patients to use the walk in centre or contact the 111 non-emergency helpline.

The practice had an appropriate complaints system and a complaints leaflet was available in the reception area. A senior partner was identified as the responsible person for dealing with complaints. We saw that an audit of complaints received over the past year had been completed by the practice manager. This showed that seven complaints were received of which four related to the practice. The analysis showed that all complainants were contacted by practice staff and the issues resolved to their satisfaction.

The practice did not have a patient participation group (PPG) or any other method for people who used the service to be involved in the development of services at the practice. Staff informed us that one patient had been identified as being interested in joining a PPG but had not yet been approached. Patients and their carers did not have appropriate mechanisms available to give feedback regarding their experiences of care and treatment at Branston and Heighington Family Practice.

Are services well-led?

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

Summary of findings

We did not find evidence that the practice was well led or that the effectiveness of management systems had been reviewed.

Staff we spoke with told us they enjoyed working at Branston and Heighington Family Practice. However staff felt they were not involved in decisions relating to the operation of the practice and did not feel well informed. Some staff told us they felt separated from the practice and did not receive information relating to changes.

We found that staff had not received appraisals, did not know who they should raise issues with and did not have confidence issues would be resolved.

Our findings

We found there was a clear management and leadership structure at Branston and Heighington Family Practice. GP's and clinical staff were allocated lead roles, for example, infection control and complaints. The practice manager was responsible for the majority of administration, monitoring and management of the practice.

Staff did not feel engaged with the running and development of the practice and did not feel informed regarding developments. We found that communication between staff groups was poor and some staff felt isolated. One staff member told us "We are not generally made aware of information and changes". A second person said "posters go up (with information) but we would like to be informed about new ideas." Staff told us they felt very committed but were separated or lost from the rest of the practice. Staff told us they felt demotivated by the lack of challenges and opportunities for development. Staff were not supported to deliver care and treatment that met people's needs.

The leadership team consisted of the practice manager and senior partners. We were told by the practice that partner meetings were held infrequently and records of these meetings were not kept. We did not see evidence that key aims were discussed such as improving access to appointments or development of the practice and did not see evidence of planning associated with these aims. The service was not well led as staff were not aware of or involved with, developments at the practice.

We did not find evidence that systems to monitor the effectiveness of the management of the practice were in place. Senior staff did not receive appraisal of their performance and time was not allocated to review and reflect on issues at the practice.

One member of staff told us they felt supported by the management of the practice and that they had access to study leave to help with continuous professional development. However the other nine staff we spoke with felt they did not have enough training to carry out their duties and did not feel confident they could request this. Three of 19 members of staff had received recent supervision or appraisal of their performance. Three staff

Are services well-led?

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

we spoke with told us they had requested appraisal, and the involvement of a GP in the process, but this had not been arranged. Staff were not supported to deliver care and treatment that met people's needs.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The provider had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe. 9 (1) (a) (b)</p> <p>Guidance and protocols were not available to staff for how to prioritise appointment bookings or assess patient's needs. Protocols were not in place for staff to assess and authorise blood tests.</p> <p>Not all staff had received recent emergency resuscitation training. A fire evacuation drill had never been carried out.</p>
Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>The provider did not always have appropriate systems in place to ensure the dignity, privacy and independence of service users. 17 (1) (a)</p> <p>People's privacy and dignity were not protected as chaperone arrangements were not in place. Treatment was delivered and medical information discussed in full view of other staff and visitors.</p>
Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p>

Compliance actions

The provider did not have effective recruitment procedures to ensure that people employed were of good character and had the qualifications, skills and experience necessary for the work to be performed. 21 (a) (i)(ii)

The practice did not have a recruitment process in place. Staff were employed without relevant background checks being carried out. We did not find evidence that references were sought or employment history verified during recruitment. Proof of identification was not available for all staff. The provider did not have a procedure to ensure relevant professional registrations were maintained.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

The provider did not have suitable arrangements in place to ensure that persons employed were appropriately supported to enable them to deliver care and treatment safely and to an appropriate standard. 23 (1) (a) (b)

Staff did not receive appropriate supervision or appraisal. Of 19 staff, three had received an appraisal of their performance in the last year. We could not find any record of continuous professional development or clinical supervision for clinical staff.

Staff did not feel supported in their role and were not aware of developments within the practice.

Not all staff had completed stated mandatory training. Two members of staff had not completed any training since 2010.

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The provider did not always have effective systems in place to monitor the quality and effectiveness of the service and identify, assess and manage risk relating to the health, safety and welfare of people who use the service. 10 (1) (a) 2 (b) (i)</p> <p>People who use the service and staff did not have an opportunity to feedback their experiences of using and working at the service. The practice did not carry out regular patient surveys or meetings. Staff meetings were held annually, on going issues were not resolved.</p>