

Branston Surgery

Inspection report

Station Road
Branston
Lincoln
LN4 1LH
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www.branstonsurgery.co.uk

Date of inspection visit: 10 January 2023
Date of publication: 24/02/2023

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 location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

In November 2022, the practice was rated as inadequate overall and for the key questions of safe and well-led and as requires improvement for the key questions of effective. The practice was placed into special measures.

We carried out an announced focussed inspection at Branston Surgery 10 January 2023 to review compliance with Warning Notices which were issued following our previous inspection on 8 November 2022 which had to be met by 9 January 2023, but the inspection was not rated.

The ratings from November 2022 therefore still apply and will be reviewed via a further inspection to take place within the next six months.

The full reports for previous inspections can be found by selecting the 'all reports' link for Branston Surgery on our website at www.cqc.org.uk

The ratings for each key question are;

Safe - Inadequate

Effective – Requires Improvement

Well-led – Inadequate

Why we carried out this inspection

This inspection was a review of information to follow up on the Warning Notices we served for breaches of Regulation 12, Safe Care and Treatment, Regulation 13, Safeguarding Service Users from Abuse and Improper Treatment and Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2104.

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Discussions with staff.

Our findings

Overall summary

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have not rated this practice as the rating remains unchanged until we have completed a further inspection incorporating all relevant key questions.

We found that:

Actions had been taken to address most of the areas of the breaches identified in the warning notices and it was evident improvements had been made. However, some required actions were not yet fully completed or embedded.

However, we found that:

Actions had been taken to meet the breaches identified in the warning notices. However, some required actions were not yet commenced, fully completed or embedded.

We found that:

- The practice had systems for the appropriate and safe use of medicines in relation to high risk medicines.
- The practice was able to show management of patient safety alerts was now effective.
- The practice were able to show that patient's treatment was regularly reviewed in line with current evidence based practice.
- The practice had a comprehensive programme of quality and improvement activity.
- Leaders were now able to demonstrate they understood challenges to quality and sustainability and had identified actions to address.
- The practice had implemented a set of vision and values to support the delivery of quality of care.
- Improved uses of data and information was being utilised to support decision making.
- Systems and processes for learning, continuous improvement and innovation had been introduced or were planned.
- Systems and processes had been introduced which had improved safeguarding service users from abuse. However, further improvements and embedding within the practice were required.
- The practice had improved the management of risks to patients. However, compliance of staff trained to manage medical emergencies required further improvement.
- Further planned improvements in relation learning from and dissemination of information from safety concerns needed to be implemented.
- Improvements had been made to effective care delivery and the management of patients with long term conditions. However, systems and processes needed to be applied across all healthcare pathways.
- Further work was required to ensure there was dedicated protected time for meetings, improved communication, staff training and development to improve care and culture within the practice.
- The overall governance arrangement had improved. However, improvements and process for governance and managing risks, issues and performance need further work.

The provider must:

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We have issued the provider with Requirement Notices for breaches of:

Regulation 12 (1), Regulation 13 (2) and Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff on site and using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Branston Surgery

Station Road

Branston

Lincoln

Lincolnshire

LN4 1LH

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Since our inspection in November 2022 an application to the Care Quality Commission is underway for a new registered provider to take over the practice. The potential new provider has been added to the GP contract and has been working alongside the current registered provider following our inspection in November 2022. At the time of our inspection in January 2023 an onsite operational manager was not in place. However, recruitment was underway, and a manager was due to commence employment by February 2023.

The practice is not a dispensing practice.

The practice is situated within the NHS Lincolnshire Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 5,619. This is part of a contract held with NHS England.

The practice is part of a wider network of seven GP practices known South Lincoln Healthcare primary care network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the ninth lowest decile (nine of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 98.6% white, 0.7% mixed, 0.4% Asian, 0.2% black.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

Branston Surgery is a single-handed practice. In addition to the GP owner, there are two salaried GPs. They provide 20 sessions a week in total. The practice has a team of an advanced nurse practitioners, three practice nurses and a phlebotomist. They are supported at the practice by a team of reception and administration staff.

The practice is open between 8 am to 6.30 pm, closing for lunch between 1pm and 2pm Monday to Friday. During the period between 1pm and 2 pm the telephones are answered, and a GP is available. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the South Lincoln Healthcare Federation, where late evening and weekend appointments are available. Out-of-hours services are provided by the Lincolnshire Community Health Services NHS Trust.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards.

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury
Maternity and midwifery services

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had systems or processes in place that required further work and embedding. For example, in relation to safe systems, patient safety, sharing learning, monitoring care and treatment and effective staffing

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had systems or processes in place that required further work and embedding. For example, information was not regularly shared within the practice or with external stakeholders and patients were not identified appropriately on the clinical system.