

# Billinge Medical Practice

## Inspection report

The Surgery  
Recreation Drive, Billinge  
Wigan  
WN5 7LZ  
Tel: 01744892205

Date of inspection visit: 25 September 2023  
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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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Billinge Medical Practice on 19 and 25 September 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring - requires improvement

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 3, 5 and 8 August 2022 the practice was rated requires improvement for safe and well-led. There was not enough evidence to rate the effective, caring and responsive domains. This was because new partners had recently taken over the service and most staff who provided care to patients were new.

The full reports for previous inspections can be found by selecting the 'all reports' link for Billinge Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection and to inspect the domains we were unable to rate at our previous inspection.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

## Our findings

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.

# Overall summary

We found that:

- The systems in place for the management of long-term conditions, patient safety alerts and high-risk medication had not consistently ensured patients had the required health monitoring.
- Systems for ensuring risks presented by the premises were identified and addressed were not effective.
- Training records did not demonstrate all staff had completed the training required for their roles.
- Patient feedback indicated patients found it difficult to get through to the practice by phone and they were dissatisfied with the appointment system. The provider had made changes, however, they had not taken action to assure themselves that the changes they had introduced were having a positive effect on patient experiences. The provider did not have a system to seek, monitor and act on patient feedback and evaluate the action taken.
- The systems for identifying, managing and mitigating some risks were not effective.

We found two breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We also found, the provider **should**:

- Continue to gather the immunisation history for all staff employed.
- Improve the system to ensure action plans are put in place following infection control audits.
- Put in place a documented risk assessment to indicate the emergency medication that needs to be held and the reason.
- Take action to check emergency medication weekly as recommended by the Resuscitation Council UK guidelines.
- Review prescription management to enable identification of which clinician they have been allocated to.
- Monitor Patient Group Directives to ensure prompt authorisation.
- Introduce a system to formally document the monitoring of consultations, referrals and prescribing of clinicians.
- Continue to monitor and improve cervical screening uptake.
- Take action to ensure records of induction are consistently recorded.
- Take steps to make sure information is available in easy read formats.
- Improve record keeping for complaints to demonstrate clearly how the complainant is informed of the outcome of their complaint.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

**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 Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. A second inspector also 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 Billinge Medical Practice

Billinge Medical Practice is located in Wigan at:

Billinge Medical Practice

The Surgery Recreation Drive

Billinge

Wigan

Lancashire

WN5 7LZ

The practice has a branch surgery at:

Orrell Surgery

58 Church Street

Orrell

Wigan

Lancashire

WN5 8TQ

We visited both sites as part of this inspection activity.

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

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Cheshire and Merseyside Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 7,410. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the eight lowest decile (eight 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, 0.6% mixed, 0.5% Asian, 0.1% black and 0.1% other.

The age distribution of the practice population is similar to local and national averages. There are 29% of patients aged 65 and over and the projection is that the patient population is becoming older.

There is a team of two GP partners, three regular locum GPs, three regular locum advanced nurse practitioners (ANP), two practice nurses, a regular locum practice nurse and a pharmacist. The clinicians are supported at the practice by a team of reception/administration staff. In addition, further services can be provided to patients through staff employed by the primary care network. This includes additional pharmacy services, social prescribing, care-co-ordinators and a frailty team. The practice manager and office manager are based at the main location to provide managerial oversight.

Billinge Medical Practice is open Monday to Friday 8am – 6.30pm with extended access on a Monday from 6.30pm to 8pm. Orrell Surgery is open Monday and Thursday from 8am – 6.30pm. When Orrell surgery is closed patients are able to access Billinge Medical Practice. The practice offers different appointment types including book on the day, telephone consultations and advance appointments.

Appointments are available across the primary care network for patients who cannot attend the surgery on a weekday. Monday to Friday 18:00-21:00 and Saturday 09:00-16:00.

Out of hours services are provided by St Helen's Rota. Alternatively there is access to walk-in centres and NHS 111.

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   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury<br>Surgical procedures | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>The systems in place for the management of long-term conditions and patient safety alerts had not consistently ensured patients had the required health monitoring.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

| Regulated activity                       | Regulation  |
|--|---|
| Diagnostic and screening procedures      | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was not able to demonstrate that they had governance systems and processes in place for assessing, monitoring and improving the service provided and for monitoring and mitigating risks relating to the health and safety of people using the service. In particular:-</p> <ul style="list-style-type: none"><li>• Risks to patients and staff using the premises were not identified and removed.</li><li>• Not all staff had undertaken the relevant training for their role.</li><li>• The recruitment processes had not ensured that staff had been safely recruited.</li><li>• Improvements were needed to the system for documenting significant events and sharing learning and actions.</li><li>• Meetings were not documented or sufficiently documented to ensure information was shared or to demonstrate patients were reviewed.</li><li>• The system for ensuring tasks were managed in a timely way was not effective</li><li>• There was no recorded action plan in place as to how access was being improved. There was not a system to evaluate that the actions taken were effective and to implement further actions.</li></ul> |
| Family planning services                 |   |
| Maternity and midwifery services         |   |
| Surgical procedures                      |   |
| Treatment of disease, disorder or injury |   |