

# Billet Lane Medical Practice

## Inspection report

58b  
Billet Lane  
Hornchurch  
RM11 1XA  
Tel: 01708442377

Date of inspection visit: 5, 12 and 20 July 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		Requires Improvement	
Are services safe?		Requires Improvement	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

# Overall summary

We carried out an announced comprehensive inspection) at Billet Lane Medical Practice on 5, 12 and 20 July 2023. Overall, the practice is rated as requires improvement.

Safe - Requires Improvement.

Effective - requires improvement.

Caring - good.

Responsive - requires improvement.

Well-led - requires improvement.

Following our previous inspection on 27 July 2022, the practice was rated requires improvement overall and for the key questions safe, effective, responsive, and well-led.

The full reports for previous inspections can be found by selecting the 'all reports' link for Billet Lane 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 regulations 12,17 and 18 of the Health and Social Care Act 2008 from a 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 short 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.

We found that:

# Overall summary

- The practice had a list of approximately 3,500 patients, the premises were limited and there was a small staff team, which had meant that informal systems had developed. Therefore, the governance systems in place for recruitment, patient referrals, and the safe monitoring of medicines, were not always robust and effective.
- The practice did not always have effective arrangements in place for managing risk regarding emergency medicines, and safety alerts.
- The practice had made some improvements following the previous inspection in July 2022 in staff training and the introduction of policies and procedures. However, further work was required to ensure all policies reflected staff practices.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The GP Patient survey results for the patient's access to the service were below national average.
- Clinical searches found patients receiving high-risk medicines, such as methotrexate, leflunomide and azathioprine potassium-sparing diuretic received appropriate monitoring.
- Staff were positive about the working at the service.
- The overall management of training had improved.
- The practice had made improvements to some of the policies and procedures.
- The system for the management of infection management and control was effective.
- The systems for the management of risk in the premises was 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.

The provider **should**:

- Improve and formalise the monitoring of the children's safeguarding register.
- Take action to record the reviews of significant events at clinical meetings and complete a significant event log.
- Continue to improve staff uptake of training and the practices assurance of staff competencies for their roles.
- Improve schedule of clinical audits to monitor and improve patient's clinical care. demonstrate a quality service.

**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 with a practice nurse CQC specialist adviser. 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 Billet Lane Medical Practice

Billet Lane Medical Practice is located in Hornchurch at:

58b

Billet Lane

Hornchurch

RM11 1XA

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. These are delivered on site.

The practice is situated within the NHS North East London and delivers (Personal Medical Services (PMS) to a patient population of about 3600. This is part of a contract held with NHS England. Billet Lane Medical Practice is located in a purpose built 1970s building, which has been extended to provide additional consultation rooms. Billet Lane Medical Practice is co-located with another GP Practice. The practice is accessible with ramp access, disabled toilets and access to consultation rooms at ground floor level.

The practice is part of the NHS North East Integrated Care System in the London borough of Havering. Billet Lane is also part of the Havering Crest Primary Care Network (PCN) and works with other local practices to improve the quality of healthcare for the local populations.

There are 3600 patients registered at the practice with a mixed demographic of working age families and older adults.

Information published by the Public Health England rates the level of deprivation within the practice population group as ninth on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical staff includes 1 full-time partner GP who is also the provider (a female) working 8 sessions each per week supported by 2 long-term locum doctors (1 male, 1 female), each working 2 sessions per week. The practice clinical team also includes 1 part time female practice nurse who works 4 sessions per week and an advanced nurse practitioner who also works 4 sessions per week. The practice has 10 staff in its administrative team including a practice manager.

The practice's opening hours are Tuesday, Wednesday, Thursday, Friday 8.00am to 6.30pm and Monday 8am to 7.30pm. The practice is closed on Saturday and Sunday. The practice's appointments are available from: mornings 8am to 12pm and afternoons 3pm to 5.30pm. With the exception of Monday when appointments are available from 9am to 12 pm and 4pm to 7.20pm.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face and telephone appointments are available on the day, and are also bookable up to two weeks in advance.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The systems in place for safe recruitment, action on safety alerts, patient referrals, and the safe monitoring of medicines were not always effective.</li><li>• The practice did not carry out their own patient survey.</li><li>• The practices did not ensure patients had prompt access to the practice.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The practice did not identify patients and take action in response to a medicines safety alert such as (MHRA) alerts.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The practice system to monitor the group of medicines used to treat high blood pressure, heart problems, and anticoagulants was not always effective.
- Some patient mental health reviews did not have clear evidence that an annual care plan had been fully completed.
- Some patients' records were unclear and did not fully explain the reasons for their treatment. For example, medicine reviews and long-term treatment plans.
- The practice did not have the appropriate emergency medicines.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.