

Billet Lane Medical Practice

Inspection report

58b
Billet Lane
Hornchurch
RM11 1XA
Tel: 01708442377

Date of inspection visit: 27 July 2022
Date of publication: 24/08/2022

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 inspection at Billet Lane Medical Practice on 22 July 2022. 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 2 October 2017, the practice was rated Good overall and for all key questions.

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

Why we carried out this inspection

This inspection was an on-site comprehensive inspection.

How we carried out the inspection

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:

- Conducting some staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- 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.

Overall summary

We have rated this practice as Requires Improvement.

We found that:

- The provider had not ensured staff were suitably trained for their role
- There were appropriate policies in place to deal with safeguarding, significant events but there were policies that required more oversight and updating.
- The practice did not have protocols in place for the management of tasks, reviews and safety alerts but we did see evidence that this was being maintained and there was no backlog.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

The area where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Consider management training and ongoing support for the new practice manager.
- Consider making the clinical discussions more formal to include minutes.
- Consider reviewing unplanned admissions to secondary care.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated 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. The team included a GP specialist who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. An additional CQC inspector was present for the site visit.

Background to Billet Lane Medical Practice

Billet Lane Medical Practice is located in Hornchurch at:

58b Billet Lane

Hornchurch

Essex

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 London 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 practice provides a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The clinical staff includes one full-time partner GP who is also the provider (a female) working eight sessions each per week supported by two weekly long-term locum doctors (one male, one female), each working two sessions per week. The practice clinical team also includes one part time female practice nurse who works four sessions per week and an advanced nurse practitioner who also works four sessions per week. In addition, the practice are supported by 11 Allied health staff including a Physician Assistant who works two sessions on alternate weeks, a podiatrist, a community physiotherapist and a community pharmacist who attend the surgery on an average of one session in every three weeks. All other Allied Healthcare work remotely and are shared within the PCN. The practice has ten 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, Saturday and Sunday Closed. 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 appointments are available on the day and are also bookable up to six weeks in

advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system as well as video consultations are in operation where a patient's condition is assessed, and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice. Urgent appointments are available each day and GPs also complete telephone consultations and home visits.

In addition, patients at the practice have access to two local hub practices who provide additional access for patients living in Havering (part of an Integrated Care Board (ICB) wide initiative) who require an appointment 14.00pm and 10.00pm Monday to Friday and 9.00am and 21.00pm on Saturdays and Sundays. There is also an out of hour's service provided to cover the practice when it is closed for training on the second Tuesday of every month. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

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

Regulation

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

Assessments of the risks to health and safety of service users of receiving care or treatment were not being carried out. In particular:

- The fire procedure policy stated that regular fire drills should be carried out. There were no systems documented to ensure safety around fire drills and the safety of staff and patients in the event of a fire.
- Patients prescribed rescue packs for asthma were not always followed up correctly.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

- There were documented policies and protocols missing to monitor and mitigate risks. In particular, no evidence of an induction policy for new starters and no formal protocol for MRHA safety alerts.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity received

Requirement notices

Surgical procedures

such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Not all of the staff providing care and treatment had the qualifications, competence, skills and experience to do so safely, in particular the Advanced Nurse Practitioner (ANP) was working outside of their skills and competencies with limited formal supervision. The provider had not ensured that the ANP was appropriately trained in the role that she undertook.
- There was no scope of practice in place for the Advanced Nurse Practitioner (ANP). A scope of practice is the limit of knowledge, skills and experience and is made up of the activities carried out within the role. A health care professional must keep within their scope of practice at all times to ensure they are practising safely, lawfully and effectively.