

Horizon Health Centre

Inspection report

68 Lonsdale Avenue
Weston-super-mare
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Date of inspection visit: 25 May 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?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out a short notice announced comprehensive inspection at Horizon Health Centre on 25 May 2023. Overall, the practice is rated as Inadequate.

The key questions are rated:

Safe - inadequate

Effective - requires improvement

Caring - requires improvement

Responsive - requires improvement

Well-led - inadequate

Following our previous inspection on 4 July 2022, the practice was rated as requires improvement overall and for providing safe, effective and well led services. They were previously rated as good for providing caring and responsive services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Horizon Health Centre on our website at 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 in line with our inspection priorities.

How we carried out the inspection/review

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.

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 not implemented necessary improvements to address breaches in regulations previously identified.
- The practice was unable to demonstrate that individual care records were managed appropriately; and that staff had access to relevant information to ensure safe care and treatment.
- The practice had not ensured medicines were appropriately authorised before being administered by staff.
- Positive outcomes from GP national patient surveys remained below national averages.
- There were no appropriate arrangements to manage backlogs of activity.
- Oversight was not effective to ensure processes were embedded and operated effectively.

At this inspection we found that not enough improvements had been made to address previous breaches in regulation identified during our last inspection in July 2022 and additional areas of risk were also identified. We served warning notices to the provider for breaches of Regulation 17 Good governance.

The areas where the provider **must** make improvements:

- 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 areas where the provider **should** make improvements:

- Continue to identify and take action to improve uptake of childhood immunisations and cervical screening.
- Take action to improve the patient experience and address areas of concern identified in national GP patient surveys.

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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should 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 and a second team inspector who undertook a site visit and spoke with staff using video conferencing facilities. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and record reviews without visiting the location.

Background to Horizon Health Centre

Horizon Health Centre is located in Weston-Super-Mare at:

68 Lonsdale Avenue

Weston-Super-Mare

Somerset

BS23 3SJ

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

Horizon Health Centre is based in the For All Healthy Living Centre on a large housing estate. The provider does not own the premises which are shared with a range of other social and health services, facilities and activities offered for the local community. These include a community cafe, lunch club, community hall, library, children's centre, church, meeting, training and office spaces. There are good transport links nearby.

The practice is one of two registered locations under the provider Pier Health Group Ltd. The practice is part of Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) and the Pier Health Group primary care network (PCN).

The practice provides NHS services through an Alternative Provider Medical Services (APMS) contract to approximately 5,630 patients. This is part of a contract held with NHS England. The practice offers services from both a main practice and a sister site, Graham Road Surgery. Patients are registered at one main location however, if needed they can access services at either surgery.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 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 95% White, 2% Asian, and 2% Mixed.

The practice's clinical team is overseen by a lead salaried GP and includes advanced nurse practitioners, practice nurses and a prescribing paramedic. A team of administration staff supports the clinical team. The practice manager shares their time with Horizon Health Centre and another practice in the wider network.

The practice is open between 8 am to 6:30 pm Monday to Friday and one Saturday a month between 8.30am and 1.00pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are referred to the local out-of-hours service provider via 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Medicine reviews did not always contain necessary information.• The practice did not have effective systems to review and act on Medicines and Healthcare products Regulatory Agency (MHRA) alerts. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

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 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> <ul style="list-style-type: none">• The practice had not identified actions to improve patient outcomes following our previous inspection.• The practice had not identified effective processes to ensure patients at risk of harm receive a timely review of their care and treatment by an appropriate person.• They did not have effective systems to monitor patient access and ensure necessary care and treatment was accessed in a timely way and patients were seen by an appropriate clinician.• The practice's significant event process was not embedded to ensure that all incidents were appropriately documented and investigated.• The practice had not monitored the prescribing practices of non-medical prescribers.• Safeguarding processes were not embedded in practice.• The practice did not have effective processes to ensure patient group directions and patient specific directions were signed and authorised in line with national guidance.• Systems to support infection prevention and control were not embedded.• The practice did not have appropriate systems to maintain oversight of staff vaccination history.• There was not effective oversight of two-week-wait referrals to ensure all patients received appropriate care and treatment. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>