

Horizon Health Centre

Inspection report

68 Lonsdale Avenue
Weston-super-mare
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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?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Horizon Health Centre on 18 August 2021. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective - Requires Improvement

Well-led - Requires Improvement

Following our previous inspection on 4 November 2019 the practice was rated Requires Improvement overall and for the key questions Safe, Effective and Well Led. The key questions Caring and Responsive were rated as Good. We found breaches to regulation 12, 17 and 18 of the Health and Social Care Act Regulations 2014.

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

This was a follow-up inspection from the 2019 inspection incorporating remote searches and interviews of staff and a site visit to follow up on:

- The domains rated as requires improvement (safe, effective and well-led).
- Breaches to regulation 12, 17 and 18 as well as any 'shoulds' identified in previous inspection.
- The ratings for caring and responsive were carried forward from previous 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 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 site visit
- Obtaining feedback from other stakeholders.

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 repeated the rating of this practice as Requires Improvement overall, because:

- There was evidence of improvements to areas identified at the previous inspection. However, we found new areas which required improvement.
- The practice has been engaging well with the Clinical Commissioning Group and the Care Quality Commission, implementing actions and demonstrating improvements made.
- There were now appropriate systems in place for the safe management of medicines. However, not all of these had time to be fully embedded and we found some areas which required revisiting to ensure patient safety was maintained. The practice evidenced acting upon these when brought to their attention.
- Staff recruitment records were complete, containing evidence of required checks.
- There was a risk to staffing becoming strained as a result of a need to support the staffing shortages at the other registered location under the provider.
- The practice had made some improvements to their quality and outcome framework monitoring although these were still below local and national averages. The practice demonstrated plans to address these although there was insufficient evidence to demonstrate impact at this time.
- The COVID-19 pandemic significantly impacted the delivery of health services within two months of the last inspection and is ongoing. The practice made adaptations to ensure service provision remained as accessible as possible within the constraints.

We found two breaches of regulations:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
- Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider **should:**

- Continue to improve performance to ensure positive patient outcomes for patients with long term conditions (including diabetes, asthma and COPD); and mental health conditions.
- Improve performance in uptake of childhood immunisations; and cervical cancer screening for eligible women.
- Provide continuing support for staff to reduce the burden of workload, by ongoing engagement of external specialists to maintain reduced record backlogs until new staff are competent to undertake this work.

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

Population group ratings

Older people	Good 
People with long-term conditions	Requires Improvement 
Families, children and young people	Requires Improvement 
Working age people (including those recently retired and students)	Requires Improvement 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC inspector. 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 Horizon Health Centre

Horizon Health Centre is located in Weston Super Mare at:

68 Lonsdale Avenue,

Weston-super-Mare

Somerset

BS23 3SJ

The practice is registered with the CQC to carry out the following 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 area has high levels of deprivation, with a score of 1 (most deprived) out of 10 (least deprived) on the Index of Multiple Deprivation score (IMD 2015). The patient profile for the practice has a higher than average proportion of children and teenagers (under the age of 18 years); a lower than average proportion of older patients (over 65 the age of years); and a higher than average proportion of unemployed patients. Both male and female life expectancy is around three years below local and national averages. Approximately 4% of the practice area population is of black and minority ethnic background.

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 Gloucester (BNSSG) Clinical Commissioning Group (CCG) and the Pier Health Group Primary Care Network (PCN).

The practice provides NHS services through an Alternative Provider Medical Services (APMS) contract to 5,725 patients registered at Horizon Health Centre. Around 14,000 further patients are registered at the other registered location under the provider and patients can be seen at either registered location..

The practice's clinical team is overseen by a lead salaried GP who works on site six sessions per week (all day Monday and every other weekday morning) and is supported by GPs from the Graham Road Surgery (GRS). The practice also used regular locum GPs at the time of the inspection. An 'Advanced Healthcare Professional' (ACP) clinical model was introduced in November 2019. This is led by a full time Advanced Nurse Practitioner (ANP) with a further four ANPs; two Practice Nurses; and three Health Care Assistants completing the team. GP support was available every weekday morning and afternoon either on site or by phone. Staff work across the two registered locations providing cover support when required.

The practice is open Monday to Friday 8am to 6.30pm; with appointments available typically from 8.30am to 12 noon each morning and 2pm to 5.30pm each afternoon.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP need to see a patient face-to-face then the patient is offered a choice of either the main GP location.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risk to the health and safety of service users receiving care and treatment. In particular</p> <ul style="list-style-type: none">• Not all patients were receiving the level of monitoring required for their health conditions and prescribed medicines in line with published guidance. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>How the regulation was not being met:</p> <p>The registered person had systems and processes in place that were operating but not fully embedded to assess, monitor and mitigate the risk relating to the health, safety and welfare of patients and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The practice was not effective in monitoring of Quality of Framework (QoF) data and performance continued to be below local and national averages for many indicators.• Performance for national prevention schemes continued to be below average.

This section is primarily information for the provider

Requirement notices

- Systems and processes were in place but oversight of these systems was not fully embedded to ensure that information was relevant and up to date in order to keep staff and patients safe. For example, acting upon the medicines reviews.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.