

Horizon Health Centre

Inspection report

68 Lonsdale Avenue
Weston-super-mare
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Date of inspection visit: 20 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	Inspected but not rated	●
Are services safe?	Inspected but not rated	●
Are services effective?	Inspected but not rated	●
Are services responsive to people's needs?	Inspected but not rated	●
Are services well-led?	Inspected but not rated	●

Overall summary

We carried out an announced inspection on 20 September 2023. This inspection was conducted to follow up on Warning Notices issued on 9 June 2023. The practice was inspected, but not rated, which means we carried on the rating from the last inspection in May 2023. Overall, this practice is rated inadequate and is in special measures.

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 an announced comprehensive inspection at Horizon Health Centre on 25 May 2023. Overall, the practice was rated as inadequate, and the practice was placed into a Special Measures. We found breaches of Regulation 12 and Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued a Warning Notice.

Following our previous inspection on 25 May 2023, the practice was rated inadequate for the safe and well-led key questions and requires improvement for effective, caring and responsive.

We carried out this inspection on 20 September 2023 to follow up breaches of regulation from the previous inspection that resulted in a Warning Notice being issued on 9 June 2023, in line with our inspection priorities. This report covers findings in relation to those requirements and was not rated.

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:

- The practice had taken action to implement improvements to address breaches in regulations previously identified in the Warning Notice.

Overall summary

- There was improved oversight to ensure processes were operating effectively. However, some systems were still being embedded within the practice.
- Improvements had been made to address the previous breaches in regulation. However, there were some aspects of safety and governance that required further improvement and embedding.
- The practice was able to demonstrate improvements in the way individual care records were managed. However, further improvements were required in relation to the management of patients with asthma and medicine reviews.
- The practice had taken action to ensure medicines were appropriately authorised before being administered by staff.
- There were appropriate systems and actions in place to improve infection prevention and control.
- Staff had received training in relation to appointment access, including identifying concerns that needed escalating to GPs.
- The practice had taken action to manage backlogs of activity in relation to correspondence received into the practice, coding and appropriate follow up. However, incoming routine correspondence to be coded was taking 2 to 3 weeks to be processed.
- There were clear processes for identifying and addressing when things went wrong, including sharing learning with staff to ensure improvements.
- Non-medical prescribers received supervision and monitoring of their prescribing practice.
- There were improvements to the way 2-week-wait referrals were monitored.

We found breaches of Regulation 12 Safe care and treatment and Regulation 17 governance . 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.

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. 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 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 2 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 5,660 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 and if needed 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 GP and includes 2 GPs, 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 a sister site, Graham Road Surgery.

The practice is open between 8 am to 6:30 pm Monday to Friday and one Saturday a month between 8.30 am and 1.00 pm. 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

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

Regulation

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

- Medicine reviews did not always contain the necessary information.
- Patients with asthma were not always followed up in line with guidance following and exacerbation of their condition.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Processes to ensure patients at risk of harm receive a timely review of their care and treatment by an appropriate person were not sufficiently embedded to ensure improved patient outcomes.