

Horizon Health Centre

Inspection report

68 Lonsdale Avenue
Weston-super-mare
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Date of inspection visit: 4 July 2022
Date of publication: 22/08/2022

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?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at Horizon Health Centre on 4 July 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous inspection on 18 August 2021 the practice was rated Requires Improvement overall and for key questions Safe, Effective and Well Led. The key questions Caring and Responsive were rated as Good. We found breaches to regulation 12 and 17 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 inspection was a comprehensive inspection to follow up on breaches of Regulation 12 and 17 of the Health and Social Care Act Regulations 2014 from August 2021. The inspection looked at all the five key areas Safe, Effective, Caring, Responsive and Well Led.

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 short site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 rated this practice as Requires Improvement overall.

We found that:

- Improvements had been made to the areas highlighted in the previous report. However, we found examples where further improvements were required.
- Risk assessments were incomplete and it was not always clear who was responsible for actions and completion of tasks.
- Staff recruitment files and vaccination records were incomplete.
- Management and oversight of patients on long term conditions had improved to provide effective care to patients.
- Improvements had been made to the telephone system increasing patient access.
- The process of managing complaints had been overhauled to be more responsive and lessons learned however it was not always clear how they would be actioned.
- Leaders did not have oversight of risk assessments.
- Some clinical governance systems did not always include reviewing and auditing of the system to ensure it was robust.

We found one breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Ensure all locum staff files contain a signed confidentiality agreement.
- Continue to improve patient uptake of cervical screening and childhood immunisations.

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 Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and a team 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 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 5,546 patients registered at Horizon Health Centre. 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 Public Health England shows that deprivation within the practice population group is in the first decile (one 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 95.6% White, 2% Asian, 0.5% Black, 1.8% Mixed, and 0.1% Other.

The practice's clinical team is overseen by a lead salaried GP, who works on site Monday, Tuesday and Wednesday. There is a further one salaried GP based at this practice and another GP who splits their time over two locations under this provider. The practice has a team of four advanced nurse practitioners and two nurses who provide nurse led clinics for long-term conditions. The clinical team are supported at the practice by a team of administration staff. The practice manager covers two registered locations under the same provider to provide managerial oversight.

The practice is open Monday to Friday 8am to 6.30pm; with appointments available all day. They are open one Saturday a month between 8:30am to 1pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

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 needs 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</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">• The health and safety risk assessment was incomplete,• IPC audit and fire risk assessment were complete but actions in those documents were not always actioned and responsibility for them was not clear,• Some mandatory training was not up to date for all staff,• PGDs were not always managed according to national guidance,• Staff vaccination history was incomplete,• Some medicines reviews were not clearly documented. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>