

Horizon Health Centre

Inspection report

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Date of inspection visit: 04 November 2019
Date of publication: 22/01/2020

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?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Horizon Health Centre on 4 November 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following the practice being taken over by a new provider and in line with our published process. It was noted that the new provider, Pier Health Group Ltd, took over responsibility for the location in November 2018 which was part way through the 2018/19 reporting period for the Outcomes Framework (QOF). Some performance data related partly to the previous provider's activities from April to September 2018.

This inspection looked at the following key questions:

- Safe
- Effective
- Responsive
- Caring
- Well Led

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 rated this practice as Requires Improvement overall.

We rated the practice as Requires Improvement for providing safe services because:

- The practice did not have fully embedded systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.
- Some staff recruitment records were not complete or up to date.

We rated the practice as Requires Improvement for providing effective services because:

- Some performance data was below local and national averages and this affected the outcomes for patients including those with some long term conditions; patients with mental health conditions; the prescribing of some medicines; and uptake of screening for cervical cancer and some childhood immunisations.

- A new clinical model of care (advanced healthcare professional led) was not fully embedded.

We rated the practice as Requires Improvement for providing well-led services because:

- Some governance arrangements were not yet fully implemented or embedded. For example, these included arrangements for safe management of medicines; clinical governance of non-medical prescribers; monitoring of safety alerts; and the effectiveness of the new clinical model in relation to staffing capacity.
- Leaders were, actively involved in driving the implementation of arrangements for high quality sustainable care, however improvements and implementation plans were still in progress and it was too early to test the effectiveness.
- There were clear plans in place and implementation was underway to provide long term, sustainable solutions to the challenges faced by the practice over the last few years. For example, the practice was implementing effective business intelligence systems to provide analysis of patient needs to inform service review, redesign and capacity requirements.

We rated the practice as Good for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated four of the patient population groups (people with long term conditions; families, children and young people; working age people; and people experiencing poor mental health) as requires improvement as care for these groups was not effective.

We rated the two remaining patient population groups (older people; and people whose circumstances may make them vulnerable) as good.

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

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

(Please see the specific details on action required at the end of this report).

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

- Complete the review of patient records to confirm or identify patients considered vulnerable; and to create or review their care plans.
- 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.
- Continue to analyse patient population data and complete the remodelling of services and capacity to better address needs.
- Continue to monitor and improve phone access for patients.

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. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Horizon Health Centre

Horizon Health Centre is located at 68 Lonsdale Avenue, Weston-super-Mare, Somerset BS23 3SJ within the For All Healthy Living Centre building. The practice works closely with another local practice (Graham Road Surgery) and is governed by the same management team. Developments are underway for mutual support including common policies, systems, procedures and sharing of key staff. Some developments were being implemented across a wider cluster of GP practices in the town of Weston-super-Mare (the Pier Health Group - PHG) that had recently evolved to form the local Primary Care Network (PCN).

The provider, Pier Health Group Ltd (PHGL), took on responsibility for this location in November 2018 from a previous provider who handed back the medical services contract to the Clinical Commissioning Group (CCG). A temporary 'transition' management support team was in place for around six months to maintain service delivery. PHGL subsequently took responsibility for two further locations (including Graham Road Surgery) in summer 2019 when the same previous provider handed those contracts back to the CCG. The other location was closed in September 2019 and patients transferred to Graham Road Surgery. The Horizon Health Centre is located in the

centre of a large housing estate and 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 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. The practice is part of a wider network of nine GP practices (Pier Health Group) in the town of Weston-super-Mare. There are good transport links nearby.

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.

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 Graham Road Surgery (GRS) and patients from each location can

choose to attend either surgery. The practice is part of the Bristol, North Somerset and South Gloucester (BNSSG) Clinical Commissioning Group (CCG) which is made up of 80 general practices.

The practice's clinical team is overseen by a lead salaried GP who worked 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), providing a total of 1.7 whole time equivalent (WTE) GPs each week on site at Horizon Health Centre.

A new 'Advanced Healthcare Professional' (ACP) led clinical model had been 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 from GRS.

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.

Patients are encouraged to access appointments via the online electronic triage process or the process could be completed by reception staff for patients. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

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.

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.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular the provider must:</p> <ul style="list-style-type: none">• implement arrangements to monitor and oversee the prescribing by non-medical prescribers.• improve performance in the prescribing of antibacterial, oral NSAIDs and hypnotics medicines. <p>There was additional evidence that safe care and treatment was not being provided. In particular the provider must:</p> <ul style="list-style-type: none">• continue to implement arrangements to monitor administration of prescription requests, test results and clinical documentation to ensure timely action. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular the provider must:

- implement arrangements to ensure monitoring of risk and taking timely action to ensure improvement.
- continue to review the effectiveness of the new clinical model.

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Requirements in relation to staffing

How the regulation was not being met:

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular the provider must:

- complete recruitment to all key posts; and
- ensure all staff have complete and up to date records of recruitment and relevant training.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.