

Care Quality Commission

Inspection Evidence Table

Horizon Healthcare (1-11210473183)

Inspection date: 11 August 2022

Date of data download: 21 July 2022

Safe

Rating: Good

At our previous inspection in July 2021, the practice was rated as requires improvement for providing safe services. The remaining key questions were rated as good, therefore giving an overall rating of good.

Our focused inspection in August 2022 was undertaken to review the concerns highlighted at the inspection in July 2021 which resulted in regulatory breach notice for Regulation 17 (good governance). Following the inspection in July 2021, the provider had submitted an action plan to the Care Quality Commission (CQC) to outline the measures it would take to address our concerns. The inspection in August 2022 was undertaken to ensure that improvements had been made.

At our inspection in August 2022, we found that the provider had acted on our findings adequately, and therefore the service is now rated as good for providing safe services.

Risks to patients

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
Explanation of any answers and additional evidence: As part of our inspection, the GP Specialist Advisor undertook remote searches of the practice's clinical IT system to review if patients were being treated appropriately and those being prescribed high risk medicines were being monitored to ensure they were safe:	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> The remote searches demonstrated that overall the practice had established effective systems to check that any patient prescribed high risk medicines was regularly reviewed to ensure they received monitoring checks such as bloods to keep them safe. The practice ran regular batch reports internally to check on patients who required monitoring. They also used a system called Eclipse, a medication risk stratification tool designed to help identify any patients who are likely to be put at risk of harm from their medication. Both processes were supported by the practice-employed pharmacist. We saw that all patients prescribed high risk medicines were up-to-date with monitoring. When patients were overdue monitoring, the practice followed these patients up. However, they did not have a protocol to reduce the duration of repeat issues to try and gain improved compliance from the patient. The practice told us they would review this. We only identified one patient where indicators highlighted a potential diagnosis of diabetes at the inspection in August 2022. We discussed this with the provider and they explained how they took immediate action to contact the patient and devise an effective care plan for their needs. Since our previous inspection, the practice had appointed their own pharmacist. The pharmacist undertook medication reviews, acted on any changes required to patients' prescribed medicines further to hospital correspondence and other professional advice, ran regular batch reports to review high risk medicines and medicine alerts, and was an independent prescriber. This role had brought additional expertise into the practice and alleviated some pressure on GP workloads. The lead GP had oversight of the pharmacist with regular access to supervision and audits of their prescribing and medicine reviews. The practice also received from pharmacy staff appointed to work across their Primary Care Network. 	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of our inspection, the GP Specialist Advisor undertook remote searches of the practice's clinical IT system to review if medicines safety alerts were being acted upon to ensure patients were safe.</p> <ul style="list-style-type: none"> We observed that the practice had effective systems to respond to medicines alerts. We saw that relevant MHRA alerts were discussed at clinical meetings. Following our previous inspection, the practice had purchased Arden's searches (allowing for reports to be run to identify patient's relevant to any particular alert) and these incorporated all historic safety alerts. Safety alert searches were also developed within the practice, including the ones used within the CQC remote searches, and added to a batch report to run monthly to highlight any new issues including new patients and sent to the practice pharmacist for action. In addition, the practice manager had signed up for safety alerts to be emailed directly to them. We saw that when risks had been identified, these had been discussed with the patient when it was appropriate to do so, and if the patient decided to continue with the prescribed medicines, the reason for this was fully documented within the patient record. 	

Effective

- At our previous inspection in July 2021, the practice was rated as good for providing effective services. However, the population group of long-term conditions was rated as requires improvement. This was because our clinical review identified 47 patients with a potential missed diagnosis of diabetes. The other population groups were rated as good.
- Our focused inspection in August 2022 was undertaken to review the concerns highlighted at the inspection in July 2021 which resulted in regulatory breach notice for Regulation 17 (Good Governance). Following the inspection in July 2021, the provider had submitted an action plan to the Care Quality Commission (CQC) to outline the measures it would take to address our concerns. The inspection in August 2022 was undertaken to ensure that improvements had been made.
- Since the previous inspection in 2021, we no longer individually rate population groups. However, we specifically reviewed long-term condition management at our focused inspection in August 2022.

Effective care for the management of people with long term conditions

Findings

- The remote clinical searches undertaken as part of our inspection showed that patients with a long-term condition were being managed effectively.
- At our previous inspection in 2021, we identified an issue where 47 patients with a potential diagnosis of diabetes had not been followed up appropriately to ensure their safety or being provided with the right treatment. At this inspection in August 2022, we observed the situation had significantly improved. Batch reports had been set up for the potential missed diagnosis, and these were sent to the lead GP, practice pharmacist and health care assistant for review. Eclipse also identified potential missed diagnosis of diabetes, which were also reviewed within the practice.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. Where appropriate, reviews happened more frequently to monitor those patients whose condition was less stable. For patients with the most complex needs, clinical staff worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. In-house training sessions were arranged by external speakers to provide training and updates for staff.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs, and patients with asthma were offered an asthma management plan.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had worked hard to ensure patients with diabetes received covid vaccination. For example, Horizon Healthcare risk stratified all their covid and diabetes patients (red/amber/green) and held bespoke multi-disciplinary team meetings with a local consultant to review all the red RAG patients.
- Horizon partnered with Diabetes UK and arranged physical activity and education classes for local patients. They also worked with the Leicester Diabetes Centre for local women to encourage them to exercise with 'Dance and Diabetes workshops'. These sessions were open to all local residents, and not just the practice's registered patients.

Responsive

Rating: Requires improvement

Responding to and meeting people’s needs

Services did not meet patients’ needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	N
The practice made reasonable adjustments when patients found it hard to access services.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous inspection in 2021, we said that the practice ‘should’ continue their review of the branch surgery premises to ensure the environment fully meets the needs of their patients. At our inspection in August 2022, we saw that the branch site still required extensive refurbishment to become compliant with current best practice around infection prevention and control, health and safety, and to improve the environment and accessibility for patients. For example, five consultations rooms were carpeted; there were limitations in accessing the premises for those with a disability, for example, three consulting rooms were situated on the second floor and no lift was available; ceiling tiles were stained and loose. However, we did see that the practice had undertaken risk assessments and had put actions in place to manage the presenting areas of risk. We found that the practice had worked to review options to either refurbish or relocate their branch site at Loughborough Road. Relocation options had not proved suitable, but the practice had continued to review and plan major refurbishments of the branch site, including a business plan which included a request for funding through their Integrated Care Board, although there had been no funding available to support plans. The practice did not own the building and it had proved extremely difficult to get support from landlords with plans to improve the premises. Planning remained ongoing at the time of our inspection visit but there was no firm plan in place to rectify the situation, although the provider was hopeful they would be able to purchase the premises themselves in the near future. However, this would need to be supported with the necessary refurbishments to make the environment appropriate for patients. The practice undertook regular infection control audits and had an action plan for improvement, but this had not progressed at the time of the inspection due to a number of circumstances fully outside of the provider’s remit. There was a regular schedule of cleaning, including ‘deep’ cleans, through a contracted cleaning service to keep the building clean despite the environmental constraints. 	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a “z-score” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still

shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.