

Fusehill Medical Practice

Inspection report

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Carlisle

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fusehill-medical-practice

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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.

Overall summary

We carried out an announced focused inspection at Fusehill Medical Practice on 1 October 2020 in response to information of concern.

The practice was previously inspected in September 2015 and was rated as good overall. The ownership and registration of the practice has since changed. Fusehill Medical Practice is now part of SSP Health GPMS Ltd in Lancashire. As this inspection was in response to a complaint this inspection has not considered the ratings of the practice.

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:

- There were gaps in systems to assess, monitor and manage risks to patient safety;
- Designated lead roles had not been established for the safe handling of requests for repeat medicines and structured medicines reviews;
- There was no designated lead person to monitor referrals, discharge letters, and test results to ensure they were regularly checked and actioned, and therefore no continuous oversight;
- There was a higher-than-average use of locum GPs, which combined with a lack of lead roles meant there was insufficient clinical oversight at the practice;
- The safeguarding register had not been audited and updated in the past 18 months;
- We saw there were clinical audits carried out by the provider and the results were shared with the practice;

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met;
- We reviewed the appointment system in real time on the day of the inspection and found there were a range of appointments available.

We are mindful of the impact of the Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

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

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

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

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

- Improve the arrangements for managing staff absences to reduce the risk of the practice being left short staffed;
- Include locums in the sharing of learning from significant events;
- Take steps to monitor completion of induction programmes by locum staff.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a CQC inspection manager.

Background to Fusehill Medical Practice

Fusehill Medical Practice is registered with CQC to provide Primary Medical Services to approximately 8,300 patients from one location:

- Fusehill Medical Centre, Fusehill Street, Carlisle, Cumbria, CA1 2HE.

We visited this location on the day of the inspection.

Fusehill Medical Centre is accessible for people with disabilities. Limited onsite parking is available and as such the practice encourages patients to reserve this for patients with disabilities. The area covered by the practice is within the city boundaries of Carlisle.

The practice is in an area which is ranked in the fifth most deprived decile. The practice population is in line with national averages, with a slightly lower number of patients over 65 and a slightly higher number of patients aged between the age of five and 18 than the local average.

According to information held on the CQC Insight tool the practice employs 4.4 full-time equivalent (FTE) GPs (which includes 3.1 FTE permanent staff and 1.3 FTE locums); 3.6 FTE nurses; 10 FTE non-clinical and admin staff; and 2.1 FTE direct patient care staff. The percentage of locums used at the practice is 29.1% compared to a local average of 3.8%.

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 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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The safeguarding register had not been audited and updated;• There were no clearly designated lead roles for monitoring referrals, discharge letters, and test results, which led to there being no follow up when things were missed and actions being incorrectly marked as completed;• Clearly designated lead roles had not been established to ensure requests for repeat medicines and structured medicines reviews were carried out correctly. Patients received medications which should not have been prescribed without the blood test having been carried out first;• Medication reviews were out of date;• There was a lack of long-term clinical oversight at the practice. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>