

# Torridon Road Medical Practice

## Quality Report

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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 service	Good	
Are services safe?	Good	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Torridon Road Medical Practice on 11 February 2016. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 9, Person centred care, regulation 12 Safe care and treatment and regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 8 November 2016 to check that they had followed their plan and to confirm that they now meet the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Torridon Road Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the comprehensive inspection of 11 February 2016, the practice was rated as requires improvement. They were rated as requires improvement for providing safe, caring, responsive and well led services. They were also requires improvement for all population groups.

Following the focussed inspection of 8 November 2016 we found the practice to be good overall, but good for providing caringservices.

Our key findings across all the areas we inspected were as follows:

- The practice had a cold chain policy in place whereby temperatures outside of safe levels were reported and advice sought.
- The practice had not taken any formal action in relation to continued patient feedback which rated the practice below the national average.
- The practice had altered its telephone system and appointed more administrative staff in response to feedback about the telephone system. However, the practice has not yet received feedback from a national survey to confirm that patients were better able to access appointments by telephone.
- The practice had systems in place to ensure that all incoming post was reviewed promptly.
- The practice had appointed several long term locums and was continuing to try to recruit permanent GPs.

The area where the provider must make improvement is:

- The practice must ensure that it addresses feedback from patients in relation to accessing appointments and how caring clinicians are during appointments.

The areas where the provider should make improvement are:

# Summary of findings

- The practice should ensure that patients are able to access appointments easily by telephone.
- The practice should consider documenting any advice provided by leads in medicines management, and consider developing a failsafe system so that refrigerator temperatures are recorded every day that the practice is open.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

In our inspection of 11 February 2016 we found that the practice did not have cold chain processes in place where the temperatures of refrigerators where vaccines were stored were outside of the safe range.

In our inspection of 8 November 2016 we found that:

- The practice had a process in place that ensured that where the temperatures of refrigerators where medicines and vaccines were stored were outside of the safe range, this was reported to the local medicines management lead and advice was sought.

Good



### Are services caring?

The practice is rated as requires improvement for providing caring services.

In our inspection of 11 February 2016 we found that the practice had not addressed feedback from patients that showed that they were dissatisfied with clinician's consultation style.

In our inspection of 8 November 2016 we found that:

- The practice had not taken any formal action to address feedback from patients which showed they were dissatisfied with the consultation style of clinicians at the practice.

Requires improvement



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

In our inspection of 11 February 2016 we found that the practice had not addressed feedback from patients that showed that they were dissatisfied with the telephone appointments system.

In our inspection of 8 November 2016 we found that:

- The practice had altered its telephone system and appointed more administrative staff in response to feedback about the telephone system. A survey provided by the practice showed that more patients were now satisfied with the telephone system.

Good



### Are services well-led?

The practice is rated as good for being well-led.

Good



# Summary of findings

In our inspection of 11 February 2016 we found that the practice had not reviewed its level of staffing, and that incoming post was not being managed promptly.


In our inspection of 8 November 2016 we found that:

- The practice had systems in place to ensure that all incoming post was reviewed promptly.
- The practice had appointed several long term locums and was continuing to try to recruit permanent GPs.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b> The practice is rated as good for the care of older people.	<b>Good</b> 
<b>People with long term conditions</b> The practice is rated as good for the care of people with long-term conditions.	<b>Good</b> 
<b>Families, children and young people</b> The practice is rated as good for the care of families, children and young people.	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b> The practice is rated as good for the care of working-age people (including those recently retired and students).	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b> The practice is rated as good for the care of people whose circumstances may make them vulnerable.	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b> The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).	<b>Good</b> 

# Torridon Road Medical Practice

## Detailed findings

### Why we carried out this inspection

We undertook a focussed inspection of Torridon Road Medical Practice on 8 November 2016. This is because in an inspection on 11 February 2016 the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulations 9, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During the comprehensive inspection carried out on 11 February 2016, we found that the practice:

- Did not follow cold chain processes where refrigerator temperatures are outside of safe range.
- Did not have sufficient staffing resource in place for the level of work being undertaken.

- Did not have sufficient processes for dealing with results and letters to ensure they were managed promptly.
- Had not addressed feedback from patients in relation to accessing appointments and how caring clinicians are during appointments.

The inspection on 8 November 2016 was carried out to determine the practice's compliance with the legal requirements and to review areas of improvement after our comprehensive inspection on 11 February 2015. We inspected the practice against four of the five questions we ask about services: is the service safe, caring, responsive and well-led. We inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe, caring, responsive and well-led might affect the rating for all the population groups we inspected against.

# Are services safe?

## Our findings

### Overview of safety systems and processes

In our inspection of 11 February 2016 we found that the practice did not have cold chain processes in place where the temperatures of refrigerators where vaccines were stored were outside of the safe range.

The practice had clearly defined and embedded systems, which included:

- The practice had a process in place that ensured that when the temperatures of refrigerators where

medicines and vaccines were stored were outside of the safe range, this was reported to the local medicines management lead and advice was sought. We saw in records of temperatures that where temperatures had been exceeded they had been reported in line with the protocol. However, the practice had not retained a copy or a file note of the advice provided by the local medicines management lead. We also saw that on four days in the last four months when the practice was open, there had not been a record of the temperatures of the practice's two refrigerators.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion, and care planning and involvement in decisions about care and treatment

In our inspection of 11 February 2016 we found that feedback from the 2014/15 patient survey showed the practice to be a significant outlier, in several areas, and the practice were not able to demonstrate that they had taken action to address this

Results from the national GP patient survey for 2015/16 (published in July 2016) showed the practice was below average for its satisfaction scores on consultations with GPs and nurses. Two hundred and ninety four survey forms were issued and 110 returned, equating to approximately 1% of the practice list. In particular, feedback on nurses in the practice was substantially lower than the national average For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%)

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%)

The practice had sent out its own surveys (150 patient responses over six months). These also showed patient dissatisfaction in some areas. The practice did not have a formal action plan in place to address the patients satisfaction concerns. The practice manager reported that he had told relevant staff about poor feedback but not as part of a formalised management plan.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Access to the service

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 34% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had recruited a total of three new receptionists in response to the patient feedback. The practice manager also reported that a new telephone system was in place at the practice. Although it was too early to see if these changes had led to improved patient access and satisfaction in the national GP patient survey, the practice had undertaken a survey during the summer which was completed by 26 patients, which showed that 80% of patients were now satisfied with the practice's telephone appointment system.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The

practice had undertaken work force planning to determine the level of staffing required and had attempted to recruit further permanent GPs. The practice had not been successful in doing so, but they had secured the services of six long term locums.

- The practice provided protected time for locums to manage incoming and outgoing correspondence. On the day of the inspection the only post outstanding was from the previous day.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  The practice had received feedback from patients that they were not providing person centred care, but had taken insufficient action to address this.  This was in breach of regulation 9 (1)(3)(a)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	