

# Drs Adey and Dancy

## Quality Report

Tarporley Health Centre  
Park Road  
Tarporley  
Cheshire  
CW6 0BE

Tel: Tel: 01829 732401

Website: [www.tarporley.doctors.gpsurgery.net](http://www.tarporley.doctors.gpsurgery.net)

Date of inspection visit: 25 May 2017

Date of publication: 05/07/2017

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



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| What people who use the service say         | 5    |
| Areas for improvement                       | 5    |

### Detailed findings from this inspection

|                                    |   |
|------------------------------------|---|
| Our inspection team                | 6 |
| Background to Drs Adey and Dancy   | 6 |
| Why we carried out this inspection | 6 |
| How we carried out this inspection | 6 |
| Detailed findings                  | 8 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Drs Adey and Dancy on 8 November 2016. The overall rating for the practice was good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Drs Adey and Dancy on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 25 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified at our previous inspection on 8 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good and now as good for providing safe services.

Our key findings were as follows:

- Action had been taken to improve the recording of significant events.

- Action had been taken to ensure that the premises and equipment were safely maintained.
- A risk assessment had been recorded regarding the provision of emergency equipment at the branch practices.

In addition, the practice had made the following improvements:

- A system had been put in place to record the action taken following the receipt of patient safety alerts.
- An assessment had taken place to determine which emergency medication would be available.
- Protocols and staff guidance had been updated around the monitoring of urgent referrals to hospital and the management of the security of prescriptions.
- A risk assessment of the storage of patient records had been recorded.
- The staff recruitment procedure had been revised and a template devised to ensure information about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed for was considered.

# Summary of findings

- The salaried GP had received an in-house appraisal.
- A system had been introduced to ensure meetings were minuted on a consistent basis.
- A central record was held of clinical training that needed to be periodically renewed.
- Action plans had been developed to address the issues identified in the infection control audits for the branch practices.

The areas where the provider should make improvements are:

- The practice should consider obtaining a defibrillator and oxygen for both branch practices in order to be able to respond to certain medical emergencies.

**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. The practice had addressed the issues identified during the previous inspection. Action had been taken to improve the recording of significant events. Action had been taken to ensure that the premises and equipment were safely maintained and a risk assessment had been recorded regarding the provision of emergency equipment at the branch practices.

**Good**



# Summary of findings

## What people who use the service say

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should consider obtaining a defibrillator and oxygen for both branch practices in order to be able to respond to certain medical emergencies.

# Drs Adey and Dancy

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

The inspection was undertaken by a CQC inspector.

## Background to Drs Adey and Dancy

Drs Adey and Dancy is responsible for providing primary care services to approximately 5686 patients. The practice is situated in Park Road, Tarporley in West Cheshire. There are two branch practices based in the nearby villages of Kelsall and Ashton. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a predominantly rural community. The practice has a slightly higher than average number of patients with a long standing health condition and of older patients when compared to other practices locally and nationally.

The staff team includes two GP partners, one salaried GP and one locum GP covering maternity leave. An advanced nurse practitioner, two practice nurses, a travel health and vaccine specialist nurse, a health care assistant, a practice manager and administration and reception staff. Two GPs are female and two are male. The nursing staff and health care assistant are female. The practice provides training to GP registrars and had one GP registrar at the time of the inspection.

The main practice is open 8am to 6.30pm Monday to Friday. The branch practice at Kelsall is open on Monday from 8.30am to 11.30am and Friday 9am to 12pm. The branch practice at Ashton is open Tuesday from 9am to

11am and Wednesday 9am to 11.30am. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. Patient facilities are on the ground floor. The practice has limited on-site parking.

Drs Adey and Dancy has a Personal Medical Services (PMS) contract. The practice offers a range of enhanced services including, minor surgery, timely diagnosis of dementia, learning disability health checks and influenza and shingles immunisations.

## Why we carried out this inspection

We undertook a comprehensive inspection of Drs Adey and Dancy on 8 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report following the inspection on 8 November 2016 can be found by selecting the 'all reports' link for Drs Adey and Dancy on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection on 25 May 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of Drs Adey and Dancy on 25 May 2017. This involved reviewing:

## Detailed findings

- Records and an action plan developed by the service indicating how improvements had been made to safety.

# Are services safe?

## Our findings

At our previous inspection on 8 November 2016 we rated the practice as requires improvement for providing safe services. Improvements were needed to ensure the premises and equipment were safe. Improvements were needed to the recording of significant events and a recorded risk assessment was needed regarding the provision of emergency equipment at the branch practices.

When we undertook a follow up inspection on 25 May 2017 we found that improvements had been made. Records showed that the checks of the premises that were outstanding at the last inspection had been completed.

The procedure for the management of significant event had been revised. This provided a clear reference guide for staff. We were provided with the minutes from the last full staff meeting which showed significant events and the actions and learning points arising from them had been discussed. We were also provided with an example of how these events were recorded to ensure this information was documented.

We were provided with risk assessments indicating that a defibrillator and oxygen were not required at the branch practices. These assessments were based on such factors as the branch practices only being available for routine appointments, the low number of patients who were seen as the practices were only open two mornings a week for

two hours and ambulance response times. However, as the practices were situated in rural locations oxygen and defibrillators should be considered as a means of responding to certain medical emergencies.

In addition we found that further improvements had been made to ensure the safety of the service. The protocol for monitoring urgent referrals to hospital had been revised and a review had taken place to monitor its effectiveness. Action plans had been developed for the infection control audits of the branch practices. A system had been introduced to ensure records were made of meetings and to record the action taken following the receipt of a patient safety alert. The procedure for ensuring the security of prescriptions had been reviewed. The salaried GP had received an in-house appraisal. We were informed that clinical training that needed to be renewed was being recorded through the on-line training records already in place at the practice. The staff recruitment procedure had been revised and a template devised to ensure information about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed for was considered. A risk assessment of the storage of patient records had been recorded and an automatic door closure fitted to ensure the door was closed securely at all times. We were provided with a risk assessment indicating which emergency medications were to be held at the main and branch practices.