

Dr Kevin Newley

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 effective?

Good



Are services responsive to people's needs?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
Areas for improvement	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Kevin Newley	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced focused inspection on 12 March 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective and responsive services.

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

- There were adequate GP and nurse appointments available to meet patients' needs.
- There was a robust system in place to ensure that pathology results and referrals were dealt with in an appropriate and timely manner.
- Staff were well trained and qualified and practiced within their range of competence, skill and qualification.

- The Advanced Nurse Practitioner had access to supervision and advice from GPs.
- Locum GPs were aware of their responsibilities in providing supervision and advice to nursing staff.
- There were robust systems in place to ensure patients who were assessed as requiring a home visit received one.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should;

- Ensure that patient notes are always completed as soon as practicable following a consultation.
- Ensure that all staff and GPs complete comprehensive patient notes.

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 advanced nurse practitioner had access to support and supervision from a GP when and if it was required.

Good



Are services effective?

The practice is rated as good for providing effective services. Staff were well qualified and had received training appropriate to their roles and responsibilities. They had access to supervision and advice. There were systems in place to ensure that test results and other patient information was dealt with expeditiously.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients were able to make an appointment with a GP in a timely manner, with urgent appointments available the same day. There were suitable arrangements in place to ensure that patients who required a consultation in their home received one.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that patient notes are always completed as soon as practicable following a consultation
- Ensure that all staff and GPs complete comprehensive patient notes.

Dr Kevin Newley

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, an additional CQC inspector and a practice nurse.

Background to Dr Kevin Newley

Dr Kevin Newley, The Maples Surgery is located close to the centre of Leicester and consists of a single location.

The practice population consists of a rich and diverse mix of ethnicity, culture and religion beliefs, including a significant number of patients originating from Eastern Europe.

On the day of our inspection the patient list was 2,777.

It is located within the area covered by Leicester City Clinical Commissioning Group. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice is staffed by one GP. The practice employs an advanced nurse practitioner with prescribing privileges and one healthcare assistant. They are supported by a practice manager and a receptionist.

The surgery was open from 8 am until 6.30 pm daily with extended opening hours on one evening until 7.30 pm and one morning from 7 am.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Leicester, Leicestershire and Rutland Out of Hours Service.

The practice is located in a large town house which has been converted and improved to meet the needs of patients.

Why we carried out this inspection

We carried out a focused inspection on 12 March 2015 to look into concerns about the service. Specifically we had received concerns regarding;

- Inappropriate delegation of clinical responsibility to the advanced nurse practitioner.
- Inadequate clinical supervision of the advanced nurse practitioner.
- The clarity and understanding of the locums regarding their responsibility to provide supervision of the advanced nurse practitioner.
- Lack of robust fail safe systems for the checking of pathology results.
- Lack of robust fail safe systems for the triaging and undertaking of home visits.
- Gaps in locum GP provision in the absence of the provider GP.

How we carried out this inspection

Before visiting, we reviewed a range of information that we held about the practice.

Detailed findings

We carried out an unannounced visit on 12 March 2015. During our visit we spoke with the provider, advanced nurse practitioner, the practice manager and receptionist. We also looked at some patient records.

In advance of our inspection we talked to the local clinical commissioning group (CCG) and the NHS England local area team about the practice.

Are services safe?

Our findings

We found that the advanced nurse practitioner was undertaking defined duties that were within the scope of their skill, experience and training. We received assurances that should there be any occasion where they felt that they

needed the clinical support or advice of a GP, then that was available either through the locum GP or in their absence through the support in place and agreed with GPs from two neighbouring GP practices.

We saw written confirmation that locum GPs agreed to provide such support and advice.

Are services effective?

(for example, treatment is effective)

Our findings

The advanced nurse practitioner was expected to perform defined duties and was able to demonstrate that they were well qualified and trained to fulfil these duties. For example, their qualifications included a BSc in Specialist Community Nursing, a post graduate certificate in advanced nursing, a diploma in diabetes care as well as other qualifications and a range of relevant and updated training pertinent to their role. We were provided with written evidence that this training had taken place.

We saw that there was a process in place to ensure that incoming pathology and test results and other patient related correspondence was dealt with in timely manner and any actions required as a result were completed. There was no backlog of items requiring attention and the only outstanding ones to be dealt with had been received on the morning of our inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We looked at the process that the practice had in place for managing requests from patients for visits in their own homes. We saw that in the three weeks preceding our inspection there had been eleven such requests. All were well documented and had been referred to a clinician. We saw that one request did not necessitate a home consultation, but those that did had been undertaken in a timely manner. However upon reviewing the notes of the

patients who had requested a home visit we found that in one case the notes had not been completed as soon as practicable following the consultation and in another they could have been more comprehensive.

We saw that in the absence of the provider GP, the practice had engaged locum GPs to provide consultations to patients. The level of locum cover reflected the number of appointments previously provided by the provider GP and met patients' needs.

We saw evidence that locum cover had been confirmed for the following four weeks.