

# Dr Bharathi Chowdary Chaparala

## Inspection report

1 St James Road  
Handsworth  
Birmingham  
B21 0HL  
Tel: 01215548516

Date of inspection visit: 31 August 2022  
Date of publication: 04/11/2022

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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services well-led?

Inadequate



# Overall summary

We carried out an unannounced focused inspection at Dr Bharathi Chowdary Chaparala on 31 August 2022. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Well-led - inadequate

Following our previous inspection on 17 July 2019, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Bharathi Chowdary Chaparala on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

## Our findings

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:

- The practice had no system in place to monitor potential safeguarding issues. The clinical lead had no oversight on safeguarding concerns and failed to investigate when potential risk was highlighted.
- The practice did not have appropriate systems in place for the safe management of medicines. This included an ineffective system for the management of safety alerts, as actions had not been taken to ensure patients were informed of potential risks with certain medicines.
- Patients on high risk medicines were not being monitored or reviewed regularly. We found examples of medicine reviews being coded as completed, however there was no evidence to demonstrate that patients' medicines had been reviewed appropriately.

# Overall summary

- We found patients had not had health conditions clinically coded appropriately and the summary of their medical problems was not up to date.
- We found patient medical records that were not accurate or up to date.
- The practice were unable to demonstrate effective clinical supervision of staff carrying out clinical roles to ensure they were acting within their competencies. We found significant concerns in the prescribing of medicines and the lack of information recorded in patients' consultations.
- The practice was unable to demonstrate that risk management plans and comprehensive risk assessments had been carried out for patients.
- Evidence based guidelines were not followed, placing patients at risk.
- Clinical registers were not up to date and ineffective. This demonstrated a lack of clinical management of patients' health conditions.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective. The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The practice was unable to demonstrate effective leadership. The lack of adequate processes were putting patients at risk and the provider did not have the capability to lead effectively and drive improvement.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Implement a process to encourage patients to attend for immunisations and cervical screening.

Due to the significant failings we identified in the management of patient care and treatment on the unannounced inspection on 31 August 2022 urgent action was taken to protect the safety and welfare of people using this service. Under Section 31 of the Health and Social Care Act 2008 a temporary suspension of six months was imposed on the registration of the provider in respect of the following activities Diagnostic and screening procedures, Treatment of disease, disorder or injury, Family planning, Maternity and midwifery services and Surgical procedure at Dr Bharathi Chowdary Chaparala. This notice of urgent suspension of the provider was imposed due to the seriousness of the lack of appropriate care and treatment found and because we believe that a person will or may be exposed to the risk of harm if we did not take this action. The suspension took effect from Wednesday 7 September 2022.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff on site and completed clinical searches and records reviews without visiting the location.

## Background to Dr Bharathi Chowdary Chaparala

Dr Bharathi Chowdary Chaparala is located in Handsworth, Birmingham at:

1 St James Road

Handsworth

Birmingham

West Midlands

B21 0HL

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Birmingham and Solihull Clinical Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 10,000. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the first lowest decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 49.5% Asian, 21.4% White, 20.4% Black, 5.3% Mixed, and 3.4% Other. The age distribution of the practice population closely mirrors the local and national averages.

There is one principal GP (female) supported on occasions by locum GPs. The practice has a team of one advanced nurse prescriber and one practice nurse (both female) who provide nurse led clinics. The GP is supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

The practice is open between 8 am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice on Monday and Friday from 6:30 pm to 8:00 pm. On Tuesday from 6:30 pm to 7:30 pm and on Wednesday and Thursday from 6:30 pm to 7:00 pm. Out of hours services are provided by NHS111.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The provider had no effective systems in place to ensure safeguarding concerns were acted on appropriately.</li><li>• The provider was unable to demonstrate they had processes in place for the safe management of medicines. This included the monitoring of high risk medicines.</li><li>• Medication reviews were not aligned with people's care and treatment.</li><li>• The provide was unable to demonstrate they complied with the relevant safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA).</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• We found patients' clinical records were not accurate, complete and lacked information, which included a record of the care and treatment provided.</li><li>• The provider was unable to demonstrate they had systems and processes in place to monitor the quality of services provided.</li><li>• The provider was unable to demonstrate they had systems in place to ensure clinical supervision of non-medical prescribers.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>