

Dr PV Gudi and Partner

Inspection report

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West Bromwich
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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 location

Inadequate



Are services safe?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an unannounced focused inspection Dr PV Gudi and Partner on 25 May 2021. Overall, the practice is rated as Inadequate.

The ratings for each key question are as follows:

Safe - Inadequate

Effective – Requires improvement (rating carried forward from the February 2021 inspection)

Caring – Requires improvement (rating carried forward from the March 2019 inspection)

Responsive – Requires improvement (rating carried forward from the March 2019 inspection)

Well-led – Inadequate

Following our previous inspection on 15 February 2021, the practice was rated inadequate overall and inadequate for providing safe and well led services and requires improvement for providing effective, caring and responsive services. The service was placed into special measures.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr PV Gudi and Partner on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was an urgent focused review of information to gain assurances on concerns that had been raised about the safety of services provided by the practice.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. Due to the concerns that had been raised with the CQC, this inspection was carried out on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- 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.

Overall summary

The ratings from the previous inspection have been carried forward for providing Effective, Caring and Responsive services. The practice has been rated as inadequate for providing Safe and Well Led services and remains in special measures.

We found that:

- Communication amongst the team remained ineffective and minimal improvements in this area were seen since the previous inspection.
- The coding of clinical conditions remained a significant concern, with patients not been coded appropriately for their health conditions and not being followed up or monitored effectively.
- We found medication reviews had been coded as completed by some clinicians, however there was no evidence to demonstrate the medicine reviews had taken place.
- On reviewing a sample of patients' records we found that when the records had been summarised, clinical information had been missed.
- There was a backlog in referrals being processed, with some dating back to March 2021 awaiting action.
- The practice had been given the support of a clinical pharmacist to review medicines and implement processes to ensure patients received the appropriate care and treatment.
- We found the practice had started to implement procedures to strengthen the actioning of alerts, however we found some safety alerts still had not been reviewed or acted on.
- We found some improvements in the monitoring and prescribing of certain medicines.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment

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

- Continue to strengthen processes for the management of safety alerts.

This service was placed in special measures in February 2021. Insufficient improvements have been made. There remains a rating of inadequate for providing safe and well led services. 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 six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Population group ratings

Older people	Not inspected	
People with long-term conditions	Not inspected	
Families, children and young people	Not inspected	
Working age people (including those recently retired and students)	Not inspected	
People whose circumstances may make them vulnerable	Not inspected	
People experiencing poor mental health (including people with dementia)	Not inspected	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and both team members visited the site.

Background to Dr PV Gudi and Partner

Dr P V Gudi and Partner is located in Hill Top, West Bromwich, an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, family planning, maternity and midwifery services and surgical procedures. The practice is part of Sandwell & West Birmingham Clinical Commissioning Group (CCG) and provides services to 5,600 patients.

The practice has two GP partners (one male and one female) and one male salaried GP. The GPs are supported by a practice nurse. There is a part time practice manager who is supported by a team of reception and administrative staff.

Information published by Public Health England rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Based on data available from Public Health England 67% of the practice population is from a white background.

The practice is open between 8am and 6.30pm Monday to Friday. The telephone lines are available from 8am to 6.30pm. Consultation times are 9am to 12.30pm and 4pm to 6.30pm daily. Extended opening hours are on a Monday and Tuesday evening between 6.30pm and 8pm.

Due to the current Covid-19 pandemic the practice is offering telephone consultations with a clinician. Face to face appointments are only available if deemed necessary by the GP.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

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 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> <p>The provider was unable to demonstrate that care and treatment was provided in a safe way for service users</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Patients' clinical conditions had not been coded on the clinical system. This posed a potential risk to patients not receiving the appropriate care and treatment.• There was no system in place to monitor hospital referrals were actioned in a timely way.• Medical records that had been summarised lacked all the relevant information. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>