

# Dr PV Gudi and Partner

## Inspection report

68 Hill Top  
West Bromwich  
B70 0PU  
Tel: 01215560455

Date of inspection visit: 23 September 2022  
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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive at Dr PV Gudi and Partner on 23 September 2022. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective – requires improvement

Caring - good

Responsive - good

Well-led – requires improvement

Following our previous inspection on 21 December 2021, the practice was rated requires improvement overall and for all key questions but responsive which the practice was rated as good.

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](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up from a previous inspection where the practice had been rated as requires improvement.

## 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:

- Conducting clinical interviews using video conferencing.
- 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 short 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:

# Overall summary

- The practice had some systems and process in place to keep patients safe, however these needed strengthening to mitigate risk. For example: the actioning of safety alerts.
- We found there was a lack of clinical oversight of test results. The practice was unable to demonstrate they had an effective system in place to ensure results were acted on in a timely manner.
- The practice had no system in place to review the quality of clinical consultations of staff employed in clinical practice. We were told templates were being implemented to commence these reviews.
- The leadership team had identified variable performance amongst employees which had the potential to impact on patient care, however they had no formal process in place to address this and take action.
- During the remote review of the clinical system we found the management of patients' medicines and monitoring of some patients' conditions was not always effective.
- The practice had an effective process in place to ensure safeguarding registers were regularly reviewed and updated.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Risk management processes were in place and we found assessments of risks had been completed. These included fire safety and health and safety. This ensured that risks had been considered to ensure the safety of staff and patients and to mitigate any future risks

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

- Ensure care and treatment is provided in a safe way to patients

The provider **should**:

- Take action to improve the uptake of immunisations and cervical screening.
- Implement a process to monitor consultations of staff employed in clinical practice.
- Processes to manage blood test results and hospital letters

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

**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 using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Dr PV Gudi and Partner

Dr P V Gudi and Partner is located in West Bromwich at:

68 Hill Top

West Bromwich

B70 0PU

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 Black Country Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 5,600. 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 second lowest decile (two 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 66.9% White, 21.5% Asian, 6.6% Black, 3.3% Mixed, and 1.7% Other.

There are two partners (one female GP and one male clinical pharmacist), a salaried GP and two long term locum GPs. The practice has a team of one practice nurse who provides nurse led clinics supported by two part time health care assistants. The clinical staff are supported at the practice by a team of reception/administration staff. The practice manager provides managerial oversight.

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 are directed by NHS 111 to the local out-of-hours service provider.

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> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate that all relevant safety alerts had been responded to.</li><li>• The practice had no effective system in place to ensure hospital letters and pathology results were acted on in a timely manner.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>