

Dr Chitre & Dr Dasari's Surgery

Inspection report

168 Hamstead Road
Handsworth
Birmingham
B20 2QR
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Date of inspection visit: 10 and 11 July 2023
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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?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Dr Chitre & Dr Dasari's Surgery on 10 and 11 July 2023. Overall, the practice is rated requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - requires improvement

Why we carried out this inspection

We carried out this inspection to provide a rating for the practice. The practice had not been inspected previously since its registration with CQC.

We inspected the following key questions:

- Safe
- Effective
- Caring
- Responsive
- Well-led

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 staff 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 shorter 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

We found that:

- Some of the systems and processes the provider had developed to provide safe care, required improvement.
- Patients on high risk medicines or those patients on combinations of medicines that required more regular monitoring were not always monitored in line with guidelines.
- The provider could not demonstrate they had effective processes in place to manage repeat prescription requests or that patients had received effective medicine reviews.
- Patients with long term conditions were followed up in line with guidelines and the practice consulted with specialist services where required to provide more specialist treatment.
- The provider had effective systems to manage staff and training information.
- We saw that staff dealt with patients with kindness and respect.
- Despite their efforts to improve telephone access and appointment availability, the provider was aware that satisfaction with access to care and treatment remained low and further action was needed.
- The way the practice was led and managed did not always promote the delivery of high-quality, person-centre care, however, throughout the inspection process, the provider responded appropriately to our concerns and took immediate action to improve the quality and safety of services.

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

The provider **should**:

- Improve methods used to communicate and engage with patients who do not attend for mental health reviews and appointments.
- Formalise clinical supervision arrangements with non-medical prescribers, so that formal audits are consistent and findings are shared with relevant staff.
- Improve systems so that patients are followed up after an acute exacerbation of asthma in line with national guidance to ensure they received appropriate care.
- Improve uptake of cancer screening including cervical cancer screening.
- Take action to involve patients and/or carers where necessary when completing care plans.
- Continue to take action to improve telephone and appointment access.

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 Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and 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 Chitre & Dr Dasari's Surgery

The main practice called Dr Chitre & Dr Dasari's Surgery is located in the Handsworth area of Birmingham.

168 Hamstead Road
Handsworth

Birmingham

B20 2QR

The practice has a branch surgery at:

NHS Tanhouse Clinic

Hamstead Road

Great Barr

Birmingham

West Midlands

B43 5EL

The main practice and branch site were visited as part of this inspection.

The premises at the Hamstead Road practice have been converted and extended to provide the necessary clinical rooms. There are patient toilets and a breast feeding area can be provided on request. There is parking at the rear of the property, however the surface is not level and patients may prefer to park on the side road.

The branch surgery NHS Tanhouse Clinic located in the Great Barr area is a purpose built building with disabled access. There is a large car park for patients and staff and also breast feeding facilities.

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and family planning and surgical procedures. These are delivered from both sites. Patients can access services at either surgery.

The practice is situated within the Birmingham and Solihull (BSOL) Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 6,300. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called the People's Health Partnership Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities 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.

There is a team of 2 GP partners who provide cover at both practices. They are supported by 3 regular locum GPs. The practice has a team of 2 nurses who provide nurse led clinics for long-term conditions at the main and the branch locations. The clinical staff are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The main practice and branch site are open Monday to Friday (see evidence table for opening and appointment times). The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments for the nurses.

Extended access is provided locally at the branch practice on a Monday where late evening appointments are available. Out of hours services are provided by NHS111.

The practice offers appointments on a weekend. As part of the PCN arrangements, patients can book appointments on a weekend between 9am and 12 midday on a Saturday and Sunday.

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>Systems to manage medicines were not effective. In particular:</p> <ul style="list-style-type: none">• We found that medicine reviews did not record adequate information for safe prescribing.• We found there was no system in place to review patient treatment and monitoring before issuing a repeat prescription. <p>Systems to manage patient records were not effective. In particular:</p> <ul style="list-style-type: none">• We found that patient's records were not always coded correctly to indicate a DNACPR decision had been made. <p>This was in breach of Regulation 12(1)(2) 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> <p>How the regulation was not being met:</p> <p>The provider could not demonstrate there were systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• We found the provider did not have effective oversight of medicines management systems and could not

Requirement notices

demonstrate that all patients prescribed high risk medicines or those on combinations of medicines which required ongoing review and monitoring, were reviewed in line with guidelines.

- We found the provider did not have effective systems or processes in place for ensuring all alerts (including historic alerts) from the Medicines and Healthcare Products Regulatory Agency (MHRA) and patient safety alerts were actioned.
- The provider did not have effective processes in place to mitigate ongoing actions relating to the premises.
- The systems to monitor and manage IPC risks were not fully effective and had not identified the concerns we found during the inspection.
- The provider did not have effective processes in place to monitor the security of blank prescription stationery.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.