

Dr Manjit Singh Kainth

Quality Report

Primrose Lane Health Centre
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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Manjit Singh Kainth on 1 March 2016. A total of three breaches of legal requirements were found. After the inspection, the practice was rated as requires improvement for providing safe services.

We issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.
- Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Premises and equipment.
- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Manjit Singh Kainth on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 1 March 2016. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The recording of significant events had been reviewed and were sufficiently detailed to show that concerns identified about patients were appropriately followed up to protect them from the risk of potential harm.
- The practice had a defibrillator in place and regular checks were carried out to ensure that it was working.
- Recruitment procedures had been reviewed to ensure that all necessary employment safety checks were completed for all staff.
- Records were available to confirm that environmental risk assessments had been carried out by the owners of the health centre. This included full fire and a legionella risk assessments. However an up to date legionella risk assessment was not available.
- Procedures had been reviewed to ensure that staff were aware of their responsibilities related to the cleaning of the practice and records were completed to show cleaning schedules were maintained.

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing safe services. At this inspection we found that the practice had resolved the concerns raised and is now rated as good for providing safe services.

Summary of findings

However there were still some areas where the practice should make improvements:

- Establish with the owners of the building whether an up to date full legionella risk assessment should be carried out and have documented evidence of any decisions made.
- Review the completeness of records maintained to manage the systems put in place to minimise the risk of legionella.
- Review the format of the minutes of meetings to clearly show the topics discussed.

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.

Good



- There was a system in place for reporting and recording significant events. Patients received a written apology, however there was a lack of evidence to show that when necessary, patients received reasonable support or that all appropriate actions were taken to improve processes and prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- The practice had reviewed risks to patients to ensure they were assessed and well managed. This included having a defibrillator at the practice. Ensuring safe recruitment and employment checks were implemented.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

However there were still some areas where the practice should make improvements:

- Establish with the owners of the building whether an up to date full legionella risk assessment should be carried out and have documented evidence of any decisions made.
- Review the completeness of records maintained to manage the systems put in place to minimise the risk of legionella.
- Review the format of the minutes of meetings to clearly show the topics discussed.

Dr Manjit Singh Kainth

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Dr Manjit Singh Kainth

Dr Manjit Singh Kainth is located in one of the most deprived areas of Wolverhampton. The practice is run by a single handed GP practice and provides medical services to approximately 2,927 patients. The practice has a higher proportion of patients between the ages of 70 and 85 plus years and male patients aged between 45 and 49 years compared with the practice average across England.

The practice clinical team consists of one full time GP (male) and two practice nurses who both work part time. The practice uses a GP buddy system, using regular local GPs to cover short periods of absence and ensure that the needs of patients at the practice are met. Practice staff also include a practice manager, finance manager and four administration/ receptionists support staff. In total there are 9 staff employed either full or part time hours to meet the needs of patients.

The practice is open between 8.45am to 7.30pm on a Monday, 8.45am to 6pm Tuesday, Thursday Friday and 8.45am to 1pm on Wednesdays. Extended surgery hours are from 6pm to 7.30pm on Mondays. The practice closes from 1pm to 1.30pm on Monday, Tuesday, Thursday and Friday. The practice does not provide an out-of-hours

service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by Vocare via the NHS 111 service.

The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver primary medical services to the local community. They provide Direct Enhanced Services, such as the childhood vaccination and immunisation scheme and a number of other clinics which include asthma, diabetes, sexual health and high blood pressure.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr Manjit Singh Kainth on 1 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good but requires improvement in safe. The full comprehensive report following the inspection on 1 March 2016 can be found by selecting the 'all reports' link for Dr Manjit Singh Kainth on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Manjit Singh Kainth on 18 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Dr Manjit Singh Kainth on 18 May 2017. This involved reviewing evidence that:

Detailed findings

- When significant events occur, patients receive reasonable support and appropriate actions are taken to prevent reoccurrence and to protect patients from the risk of harm.
- The defibrillator is checked and maintained to confirm that it is working or that an appropriate risk assessment is carried out to demonstrate why a working defibrillator is not needed at the practice.
- All necessary employment safety checks are completed for all staff. This should include identification checks, qualification, employment history and DBS checks.
- More regular formal practice meetings or documenting discussions that take place at informal meetings.
- Staff were made aware of their responsibilities relating to the cleaning of the practice and that records are completed to show cleaning schedules are maintained.

- Records are available to confirm that environmental risk assessments, including legionella and fire risk assessments have been carried out.

During our visit we:

- Spoke with the GP, practice manager and practice nurse.
- Looked at information the practice used to provide the service and deliver care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

During our previous inspection in March 2016, we found that care and treatment was not being provided in a safe way for patients. This was because:

- When significant events occurred, patients did not always receive reasonable support and appropriate actions were not taken to prevent reoccurrence and to protect patients from the risk of harm.
- The defibrillator was not checked and maintained to confirm that it was working or an appropriate risk assessment carried out to demonstrate why a working defibrillator was not needed at the practice.
- All necessary employment safety checks were not completed for all staff. This included identification checks, qualification, employment history and DBS checks.

The inspection in March 2016 also identified:

- The practice was not holding regular formal practice meetings or documenting discussions that took place at informal meetings.
- A lack of guidance for staff on individual responsibilities related to the cleaning of the practice.
- Cleaning schedules and records were not maintained.
- Records were not available to confirm that environmental risk assessments, which included legionella and fire risk assessments had been carried out.

This resulted in the practice being rated as requires improvement for providing safe services.

Safe track record and learning

At the inspection in March 2016 we found that the practice had not ensured that patients received reasonable support and appropriate actions were taken to prevent reoccurrence and to protect patients from the risk of harm. At the inspection on 18 May 2017 we found that improvements had been made. The systems for reporting and recording significant events had been reviewed and all staff had received training related to the effective management of significant events following the last inspection. Policies and procedures had been reviewed to provide staff with updated guidance. We saw that there was a system for the active management of safety alerts with evidence of recent reviews and action taken. The

incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We reviewed safety records, incident reports and minutes of meetings where significant events were recorded and discussed. Records we looked at showed that three clinically related significant events had occurred over the past 12 months. One of the events related to clinical care and had also been reported to NHS England. Records showed the discussions that had taken place and an audit of the care of patients with the same illness had been carried out. Records showed that significant events were followed up to ensure continuous improvements were maintained and appropriate. Although in need of a more structured approach to identify the topics discussed, the minutes of meetings showed evidence of learning shared with all staff. For example, changes were made to ensure that patients presenting with specific symptoms were offered an urgent appointment. The practice had carried out a further audit to ensure that these changes had been implemented and improvements identified. There was evidence to confirm that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

There was a system for the active management of safety alerts with evidence of recent reviews and action taken available. Discussions with the GP showed that they were aware of recent medicine alerts and showed us an example of a repeat search to demonstrate the ongoing review of medicine alerts received.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. The practice monitored both adults and children who made regular visits to the accident and emergency

Are services safe?

department. The practice also routinely reviewed and monitored children who did not attend hospital appointments and immunisation appointments. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. Suspected safeguarding concerns were shared with other relevant professionals such as social workers and the local safeguarding team.

Posters advising patients they could access a chaperone were displayed in the waiting room, in the practice information leaflet and on the practice website. This ensured that different patient groups were made aware that this service was available to them. All staff had received chaperone training. Staff files showed that enhanced criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for all staff who carried out chaperone duties. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We found at the inspection in March 2016 that cleaning schedules were in place and cleaning records were kept, however these documents had not made it clear who was responsible for the cleaning, and records were not signed to confirm that the cleaning had been completed. At this inspection we found that this had been reviewed and new documentation introduced and were complete. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Clinical waste disposal contracts were in place. The practice nurse was the clinical lead for infection control. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had effective shared care

systems in place to review and monitor patients prescribed high risk medicines. There was evidence that the GPs had accessed the results of tests carried out at the hospital before issuing a repeat prescription.

The practice carried out regular medicine audits, with the support of the local clinical commissioning group (CCG) pharmacy advisor, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Specific medicine directions (Patient Group Directions) were in place for the practice nurses to deliver immunisations and vaccinations to patients.

Following our previous inspection improvements had been made to staff recruitment procedures. We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. The practice had introduced structured processes for occupational health checks linked to the local hospital. This ensured that staff could declare any physical or mental health concerns that may affect their role and health checks could be carried out if required. Other checks carried out included; proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Most risks to patients were assessed and well managed. At the inspection in March 2016 we found that the practice did not have access to fire risk assessments or a legionella risk assessment (Legionella is a term for a particular bacterium that can contaminate water systems in buildings). The maintenance and assessment of the premises was the responsibility of the NHS property services team. At this inspection we found that the practice had up to date fire risk assessments and regular fire drills had been carried out. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

The property services team had advised the practice that a legionella risk assessment had been carried out in May 2013. A copy of the report was shared with the practice and us. The report indicated that the assessment should be repeated in 2015. The property services team had told the practice manager that a decision had been made not to

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repeat the assessment at this time. The team explained this was because effective systems were in place for monitoring the water quality and there had been no issues highlighted by staff using the building or identified from the management systems in place to minimise the risk of legionella. At our inspection on 18 May 2017 we found that there were no records to show that these systems had been implemented and monitored. For example, records for flushing water taps and recording water temperature at the practice were not completed. The property services team had told the practice that it was proposed to review the risk assessment in the near future. The practice had maintained communication with the property services team to follow this up and ensure they were made aware of any action the practice needed to take.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. Arrangements in place ensured staff received regular assessment of their performance and development needs. We saw evidence that recent staff appraisals had been carried out.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We found at the inspection in March 2016 that the practice had not checked the defibrillator to ensure that the defibrillator was working and the pads were out of date. At this inspection we found that the practice had purchased a new machine and regular checks had been carried out.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had reviewed the emergency medicines held at the practice and had included Glucagon a medicine used to treat a patient whose condition may deteriorate due to a low blood sugar.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.