

# Dr Manjit Singh Kainth

## Inspection report

Primrose Lane Health Centre, Primrose Lane  
Practice  
Primrose Lane, Low Hill  
Wolverhampton  
WV10 8RN  
Tel: 01902731583  
[www.drmskainthprimroselane.nhs.uk](http://www.drmskainthprimroselane.nhs.uk)

Date of inspection visit: 11 December 2020  
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. We obtained the information in it without visiting the provider.

We previously carried out an announced comprehensive inspection at Dr Manjit Singh Kainth on 1 March 2016 as part of our inspection programme. The practice was rated as requires improvement for providing safe services with an overall rating of good.

We carried out an announced focused inspection out on 18 May 2017 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 1 March 2016. At the focused inspection on 18 May 2017 we found that the practice had resolved the concerns raised and is was rated as good for providing safe services.

You can read the reports from our last inspections, by selecting the 'all reports' link for Dr Manjit Singh Kainth on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We completed a review of Dr Manjit Singh Kainth on 11 December 2020 in response to whistleblowing concerns we received.

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:

- There was no reassurance that the systems and processes in place ensured patients had appropriate and timely access to safe care and treatment and protected them from avoidable harm.
- Information documented in the patient electronic information system did not demonstrate that patients received effective care and treatment that met their needs.
- The provider had not recorded information in patient medical records to demonstrate that a clinical assessment, diagnosis and treatment plan was completed.
- Patient records indicated that receptionists were expected to communicate information of a clinical nature.
- Systems in place were not consistently followed to ensure all patients received an appropriate medicine review.
- The provider did not demonstrate that patients receiving high risk medicines were appropriately monitored.
- There was no reassurance that the arrangements for ensuring patients received effective care and treatment that met their needs was planned and delivered according to evidence-based guidelines.
- The way the practice was led and managed did not promote the delivery of high-quality, person-centre care.

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.

We are considering the appropriate regulatory response to the issues we identified during this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

# Overall summary

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

## Background to Dr Manjit Singh Kainth

Dr Manjit Singh Kainth is located at Primrose Lane Health Centre, Primrose Lane Practice, Primrose Lane, Low Hill, Wolverhampton, West Midlands WV10 8RN. This is one of the most deprived areas of Wolverhampton. The practice has good transport links and there is a pharmacy located nearby.

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.

Dr Manjit Singh Kainth practice is situated within the Wolverhampton Clinical Commissioning Group (CCG) and provides services to approximately 2,927 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a single handed male GP who registered with the CQC in April 2013. The practice clinical team consists of one full time GP (male), a locum practice nurse who works a regular shift of four hours per week and a health care assistant who works 22 hours per week. Practice staff also include a finance manager, practice manager who works full time and four administration/ receptionists who all work part time. In total there are nine staff employed either full or part time hours to meet the needs of patients. The practice is currently part of a wider network of GP practices. The practice uses a GP buddy system, using a regular local GP to cover short periods of absence.

The practice is open between 8.45am to 6pm on a Monday, Tuesday, Thursday and Friday and 8.45am to 1pm on Wednesdays. The practice is covered on Wednesday between the hours of 1pm and 6pm by an independent on call service, Wolverhampton Doctors on Call (WDOC) based in Wolverhampton. 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 Unity, Primary Care Network and Vocare via the NHS 111 service.

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 National General Practice Profile states that 79% of the practice population is from a white background, with a further 21% of the population originating from Asian, black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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   |
|--|--|
| Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury<br>Diagnostic and screening procedures | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Assessments of the risks to the health and safety of service users of receiving care or treatment was not being carried out. In particular:</b></p> <ul style="list-style-type: none"><li>• Patient medical records did not contain information to demonstrate that patients had a clinical assessment carried out and there were no written records of a confirmed diagnosis and planned treatment.</li><li>• Receptionists communicated information of a clinical nature to patients.</li></ul> <p><b>There was no proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>• Comprehensive care records were not maintained to demonstrate that all patients received an appropriate medicine review.</li><li>• The provider did not demonstrate that patients receiving high risk medicines were appropriately monitored.</li></ul> <p><b>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> |

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular:</b></p> <ul style="list-style-type: none"><li>• in relation to the management of medicines.</li></ul> |

This section is primarily information for the provider

## Requirement notices

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- The provider had not ensured that comprehensive patient medical records were written following patient consultation.

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