

Dr Manjit Singh Kainth

Inspection report

Primrose Lane Health Centre, Primrose Lane
Practice
Primrose Lane, Low Hill
Wolverhampton
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Date of inspection visit: 23 March 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 well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Dr Manjit Singh Kainth on 23 March 2022. Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe – Requires Improvement

Effective – Requires Improvement

Well-led – Requires Improvement

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 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 was rated as good for providing safe services.

We completed a review of Dr Manjit Singh Kainth on 11 December 2020 in response to whistleblowing concerns we received. The practice was not rated as an onsite visit did not take place.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr Manjit Singh Kainth on our website at www.cqc.org.uk

This inspection review was a follow up focussed inspection to review whether the practice had addressed the requirements made following the review in December 2020. This inspection included a site visit to follow up on:

- Key questions relating to the Safe, Effective and Well Led domains.
- Any breaches of regulations or 'shoulds' identified in previous inspections.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing the 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

Overall summary

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 have rated this practice as Requires Improvement overall

We found that:

- There was an absence of recorded contemporaneous information to demonstrate that the GP consistently fully assessed patients needs and delivered care and treatment in line with current legislation, standards and guidance.
- Patients care and treatment was not consistently followed up in a timely and appropriate way.
- Patients were referred to other services in a timely way however, we found that some referrals were completed without sharing appropriate information or the completion of an assessment.
- Information documented in the patient electronic information system did not demonstrate that patients received effective care and treatment that met their needs.
- Patient records indicated that receptionists were expected to communicate information of a clinical nature.
- Systems for the safe management of medicines had improved. The provider could demonstrate that most patients receiving high risk medicines were appropriately monitored.
- The way the practice was led and managed did not promote an inclusive culture where people could speak openly and be involved in the delivery of high-quality, person-centered care.

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 of care.

The provider **should**:

- Encourage and support staff to have a say and be involved in the operation and any changes made at the practice.
- Continue to review and monitor that all tests are completed for patients prescribed high risk medicines.

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

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 Manjit Singh Kainth

Dr Manjit Singh Kainth is located in Wolverhampton at:

Primrose Lane Health Centre

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.

Dr Manjit Singh Kainth practice is situated within the Black Country Clinical Commissioning Group (CCG) and provides services to approximately 2,877 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices as independent contractors and NHS England to provide general medical services to patients on the practice list.

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 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 has a buddy system with a local GP or uses a locum GP to cover periods of absence.

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 surgical procedures.

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 79% White, 8.2% Asian, 6.5% Black, 5.4% Mixed, and 0.9% Other.

The age distribution of the practice population has a higher elderly population than the local and national averages. There are more male patients registered at the practice compared to females.

The practice is open between 8am to 6.30pm on a Monday, Tuesday, Thursday and Friday and 8am 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 local 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 the urgent care services via the NHS 111 service.

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 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>Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment was not being carried out. In particular:</p> <ul style="list-style-type: none">• A record of the clinical assessment, rationale for diagnosis, clinical care and treatment of patients were not completed.• Receptionists communicated information of a clinical nature to patients.• There was no system in place to demonstrate that all patients received an appropriate consultation and clinical assessment. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Act 2008 (Regulated Activities) Regulations 2014</p>

Requirement notices

How the regulation was not being met:

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular:

- There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user.
- The provider had not ensured that comprehensive patient medical records were written following a patient consultation.
- Effective management oversight of systems to confirm ongoing monitoring, continuous learning and improved processes was not evident.
- Leadership arrangements did not support an open culture in which staff felt engaged and enabled to raise concerns or be consulted and involved in the effective operation of the practice.

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