

Dr Iftekhar Majeed

Quality Report

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Date of inspection visit: 16 October 2017
Date of publication: 14/12/2017

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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Inadequate	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first inspected Dr Iftekhar Majeed's practice on 21 November 2016 as part of our comprehensive inspection programme. The overall rating for the practice was requires improvement. The full comprehensive report on November 2016 inspection can be found by selecting the 'all reports' link for Dr Iftekhar Majeed on our website at www.cqc.org.uk. During the inspection, we found the practice was in breach of legal requirements; this was because appropriate processes were not in place to mitigate risks in relation to the safety and quality of the services offered. Following the inspection, the practice wrote to us to say what they would do to meet the regulations.

This inspection was an announced comprehensive inspection, carried out on 16 October 2017 to confirm that the practice had carried out their plan to meet the

legal requirements in relation to the breaches in regulations we identified at our previous inspection. This report covers our findings in relation to those requirements.

We found minimal risks had been mitigated and further improvements were required. We also identified new breaches and as result of our inspection, a warning notice was issued under Section 29 of the Health and Social Act 2008 to the provider Dr Iftekhar Majeed in relation to the regulated activity: Treatment of disease, disorder and injury due to the ineffective systems in place to monitor patients on high risk medicines and the management of risk in relation to the vaccine fridge temperatures and out of date emergency equipment. Due to our inspection findings the practice is now rated as inadequate and has been placed into special measures.

Our key findings across all the areas we inspected were as follows:

- At the previous inspection we found the service could not demonstrate effective management of risks in relation to medicine safety alerts or updates from the

Summary of findings

Medicines and Healthcare products Regulatory Agency (MHRA). At this inspection we found there was a system in place to receive safety alerts but the practice were unable to demonstrate what actions had been taken and were not aware of some alerts.

- Since the last inspection the practice had reviewed patients on some high risk medicines to ensure they were monitored appropriately. However at this inspection we found there was no effective process in place to monitor patients on anti-coagulation therapy.
- Vaccines were not being managed appropriately. Vaccine fridge temperatures were not recorded daily and temperatures exceeding the range were recorded with no action being taken to review the risk. On the day of inspection we found the fridge temperature had been recorded as 14 degrees and no action had been taken to ensure the vaccines could not be used until they were confirmed as safe. Since the inspection we have received evidence from the practice that they had contacted the vaccine suppliers to ensure the vaccines were safe to use.
- There was no system in place to monitor the expiry dates of masks used in emergency situations, we found both adult and children's masks were out of date.
- At the previous inspection we found some clinical audits had been completed, however the audits were single cycle only and the practice was unable to demonstrate improved outcomes as a result. At this inspection we found some clinical audits had been completed, none were two cycle audits and the audits we reviewed did not demonstrate improved outcomes for patients.
- We found on the day of inspection that the practice did not have on display the most recent CQC rating and the date it was given. The practice told us they were unaware that this needed to be on display; however we found that the outcome from the 2014 inspection was available on the practice website. The practice acted on this immediately and the most recent ratings were on display in the waiting room, however the information was not available on the practice website.
- The systems for safeguarding children and vulnerable adults was found not to be effective at the previous inspection as communication with other healthcare professionals needed strengthening to protect patients from the risk of harm. At this inspection we

found that the practice had implemented regular communication with the health visitors and meetings had been organised to ensure information was shared appropriately. However, alerts were not added to patients' records when safeguarding concerns had been identified.

- There was a system in place for reporting and recording significant events, however at the previous inspection we found documentation did not include actions taken or learning points. At this inspection we found this had been reviewed and actions and learning were included in the review of events and discussed at team meetings.
- There was a leadership structure and staff felt supported by management; however effective oversight to ensure governance arrangements were embedded had not been established.
- Communication between the management team needed strengthening to ensure all updates to services and changes within practice were communicated effectively to the team and patients.
- Uptake for childhood immunisations and national screening programmes were below national averages. The practice told us they had signed up to a new immunisation scheme with NHS England to improve the uptake on children's vaccinations by completing monthly audits and following up on patients who did not attend appointments.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The GP encouraged a culture of openness and honesty.

However there were areas of practice where the provider must make improvements:

- 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

There were areas where the practice should make improvements:

- Encourage patients to attend immunisation and national screening programmes.

Summary of findings

- Continue to review how the practice could proactively identify carers in order to offer them support where appropriate.

I confirm that this practice had not improved sufficiently and is rated as Inadequate overall. I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

At our previous inspection, we rated the practice as inadequate for providing safe services as some areas relating to the management of risks needed improving. Some of these arrangements had improved when we undertook a follow up inspection on 16 October 2017; however we found some areas of risk identified previously required further action and we also found risks that had not been acted on. As a result of our findings the practice continued to be rated as inadequate for providing safe services.

- At the previous inspection we found the service could not demonstrate effective management of risks in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA). At this inspection we found there was a system in place to receive safety alerts but the practice were unable to demonstrate what actions had been taken.
- Since the last inspection the practice had reviewed patients on some high risk medicines to ensure they were monitored appropriately. However at this inspection we found there was no effective process in place to monitor patients on anti-coagulation therapy.
- The GP told us he was unable to access results for patients that attended some hospitals which caused delays. On reviewing the practice computer system we found links to the hospital which could be easily accessed. The GP and practice manager were unaware that this service was available on their computer systems.
- Vaccines were not being managed appropriately. Vaccine fridge temperatures were not recorded daily and temperatures exceeding the range were recorded with no action being taken to review the risk.
- There was no system in place to monitor the expiry dates of masks used in emergency situations, we found both adult and children's masks were out of date.
- Some arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff, but at the previous inspection we found the systems were not effective as communication with other healthcare professionals needed strengthening to protect patients from the risk of harm. At this inspection we found that the practice had implemented regular communication with the health visitors and meetings had been

Inadequate



Summary of findings

organised to ensure information was shared appropriately. However, alerts were not added to patients' records when safeguarding concerns had been identified to ensure all staff were aware of vulnerable patients.

- There was a system in place for reporting and recording significant events, however at the previous inspection we found documentation did not include actions taken or learning points. At this inspection we found this had been reviewed and actions and learning were included in the review of events and discussed at team meetings.

Are services effective?

At our previous inspection, we rated the practice as requires improvement for providing effective services as clinical audits did not demonstrate quality improvements and uptake for childhood vaccinations and national screening programmes were below national average. These arrangements had not improved when we undertook a follow up inspection on 16 October 2017 and the practice still remains as requires improvement for providing effective services.

- Quality and Outcomes Framework (QOF) most recent published results (2015/16) showed the practice had achieved 94.7% of the total number of points available in comparison to the national average of 95%. Exception reporting rate was 16.4% in comparison to the national exception reporting rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- At the previous inspection we found some clinical audits had been completed, however the audits were single cycle only and the practice was unable to demonstrate improved outcomes as a result. At this inspection we found some clinical audits had been completed, but none were two cycle audits and the practice were still unable to demonstrate improved outcomes for patients.
- Uptake for childhood immunisations and national screening programmes were below national averages. The practice told us they had signed up to a new immunisation scheme with NHS England to improve the uptake on children's vaccinations by completing monthly audits and following up on patients who did not attend appointments.

Requires improvement



Summary of findings

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines; however we found that these were not being monitored effectively.

Are services caring?

At our previous inspection, we rated the practice as good for providing caring services. The practice continued to be rated as good for providing caring services.

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice in line with the clinical commissioning group (CCG) and national averages for some aspects of care. For example 89% say the last GP they saw or spoke to was good at treating them with care and concern, compared to the CCG average of 80% and the national average of 86%.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers register and data provided by the practice showed a slight increase from the previous inspection of 12 carers to 18 patients currently on the register, which represented 0.6% of the practice's population. There was a carers notice on display asking patients to advise the reception staff if they had caring responsibilities.

Good



Are services responsive to people's needs?

At our previous inspection, we rated the practice as good for providing responsive services. The practice continued to be rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients could access appointments and services in a way and at a time that suited them; this included by telephone, online and face to face, with urgent appointments available the same day. The practice had recently joined an improved access scheme with a group of general practices so patients could access appointments during the evening between 6.30pm to 8pm and Saturday and Sunday mornings.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were shared with staff at practice meetings.

Are services well-led?

At our previous inspection, we rated the practice as requires improvement for providing well led services as clinical and managerial leadership was not effective and some areas of the practice governance arrangements needed improving. We found governance arrangements were not embedded appropriately and the management of risk was not managed effectively. When we undertook a follow up inspection on 16 October 2017 we found no improvements had been made and further risks had been identified. As a result of our findings the practice is rated as inadequate for providing well led services.

- Since our previous inspection, we found a governance framework had been reviewed to support and improve the delivery of the strategy and good quality care and some of the risks identified from the inspection in November 2016 had been actioned. However, the systems in place were not effective in ensuring risk were identified and managed appropriately, for example in relation to patients on anti-coagulation therapy and patient safety alerts.
- There was a leadership structure and staff felt supported by management; however effective oversight to ensure governance arrangements were embedded had not been established.
- Communication between the management team needed strengthening to ensure all updates to services and changes within practice were communicated effectively to the team and patients.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year. The practice told us that an in house survey had been completed the previous year, but the results were unavailable for review on the day of inspection.

Inadequate



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as inadequate for providing safe and well led services and requires improvement for effective services; this affects all six population groups.

- The practice offered personalised care to meet the needs of the older people in its population; however the management of medicines was not effective.
- The practice was responsive to the needs of older people, and offered home visits to patients within the practice boundaries and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- Multi-disciplinary team meetings were held regularly and well attended by community teams, including palliative care nurses and the community matron.

Inadequate



People with long term conditions

The practice is rated as inadequate for providing safe and well led services and requires improvement for effective services; this affects all six population groups.

- The lead GP and practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice could not demonstrate effective management of patients on high risk medicines. We found patients in receipt of prescriptions for medicines, which required closer monitoring, were not always receiving a review of their treatment in line with prescribing recommendations.
- Data showed the practice was performing in line with local and national averages in relation to clinical indicators for patients with long term conditions. For example, the latest results for QOF 2015/16 showed the practice had achieved 94% for diabetes related indicators was 94% which was higher than the CCG average of 88% and the national average of 90%.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for providing safe and well led services and requires improvement for effective services; this affects all six population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and baby changing facilities were available.
- We saw positive examples of joint working with midwives. The midwife undertook an antenatal clinic every week at the practice.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. We found at the previous inspection systems for safeguarding children and vulnerable adults were not effective as communication with other healthcare professionals needed strengthening to protect patients from the risk of harm. At this inspection we found that the practice had implemented regular communication with the health visitors and meetings had been organised to ensure information was shared appropriately. However, alerts were not added to patients' records when safeguarding concerns had been identified to ensure all staff were aware of vulnerable patients.
- The practice's uptake for the cervical screening programme was 71% which was lower than the national average of 82%.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe and well led services and requires improvement for effective services; this affects all six population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted some of its services, however the practice nurse was only available three days a week and a female GP one afternoon a week.
- The practice was proactive in offering online services as well as health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

Inadequate



Summary of findings

- The practice offered extended hours to suit the working age population, with late evening appointments available Monday to Friday through the improved access scheme. Weekend appointments were also available as part of the scheme the practice had joined, where the practice could book appointments in advance for patients that were unable to attend the practice during the week.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe and well led services and requires improvement for effective services; this affects all six population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice did not routinely offered longer appointments for patients with a learning disability, however, the GP told us they would offer those patients sufficient time to enable them to receive the care and support they needed. Data provided by the practice showed that nine patients were on the learning disability register. None of the patients had received a review in the previous 12 months, but eight had been sent a letter during 2017 to attend a health care review.
- The practice held regular meetings with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and sign posted patients to relevant services available.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe and well led services and requires improvement for effective services; this affects all six population groups.

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.

Inadequate



Summary of findings

- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The latest published QOF data of 2015/16 showed 100% of patients on the mental health register had a care plan in place, which was higher than the national average of 89%. Data provided by the practice showed 26 patients on the mental health register. Exception reporting rate was 24% which was considerably higher than the national average of 11%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed mixed results in comparison to local and national averages. A total of 375 survey forms were distributed and 81 were returned. This represented 22% response rate and 3% of the practice population.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 71%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 84%.

- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and the national average of 77%.

The practice told us they reviewed the results of the friends and family test (FFT); however we found the results on display in the waiting room were from August 2016 and no recent results were available.

Areas for improvement

Action the service **MUST** take to improve

- 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.

Action the service **SHOULD** take to improve

- Encourage patients to attend immunisation and national screening programmes.
- Continue to review how the practice could proactively identify carers in order to offer them support where appropriate.

Dr Iftekhar Majeed

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist adviser.

Background to Dr Iftekhar Majeed

Dr Iftekhar Majeed's surgery is located at Bloomsbury Health Centre in Nechells, central Birmingham. The surgery operates out of modern, purpose-built premises, which is shared with another GP practice and community teams.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice provides primary medical services to approximately 2,900 patients in the local community. The lead GP (male) has the support of a part time GP locum (female) and a part time practice nurse. The non-clinical team consists of administrative and reception staff and a part time practice manager.

Based on data available from Public Health England, the levels of deprivation in the area served by the practice are below the national average, ranked at one out of ten, with ten being the least deprived. The practice had a lower than

national average of patients aged over 65 years, with the practice currently having registered 8% of its population in this age group in comparison to the national average of 17%.

The practice is open between 8am and 6.30pm Mondays to Fridays. Appointments with the male GP are from 9.30am to 12pm and 4pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays and from 9.30am to 12pm on Wednesdays. The female GP is available on Wednesday afternoon. Extended hours appointments were not available. Telephone consultations are available if patients requested them; home visits were also available for patients who are unable to attend the surgery if they were within the practice boundaries.

The practice had recently joined an improved access scheme with a group of general practices within Sandwell and West Birmingham Clinical Commissioning Group (CCG). The practices had set up access 'hubs' across the locality so patients could access appointments during the evening between 6.30pm to 8pm and Saturday and Sunday mornings. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week. When the practice is closed, primary medical services are provided by Birmingham and District General Practitioner Emergency Room group (Badger), an out of hours service provider and the NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of Dr Iftekhar Majeed on 21 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for effective and well led services. We carried out a further comprehensive inspection on 16 October 2017 to ensure improvements had been made and to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 October 2017.

During our visit we:

- Spoke with a range of staff including the GP, practice manager and reception/administration staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Observed how patients were being cared for in the reception area

- Looked at information the practice used to deliver care and treatment plans.

As the practice nurse was unavailable on the day of inspection we contacted the nurse two days after the inspection for feedback.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

At our previous inspection, on 21 November 2016 we rated the practice as inadequate for providing safe services as areas relating to the management of risk needed significant improvement. We found that the provider was unable to demonstrate that following an incident an investigation was completed and actions were taken to mitigate the risk of further occurrence, the monitoring of high risk medicines and the actioning of safety alerts were not effective. Some of these arrangements had improved slightly when we undertook a follow up inspection on 16 October 2017; however we still found some areas of risk that had not been actioned appropriately and further risks were identified. As a result of our findings the practice continued to be rated as inadequate for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events, however at the previous inspection we found documentation did not include actions or learning points. We found at this inspection that the reporting template had been improved to show actions taken. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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). Staff advised that when things went wrong with care and treatment patients were informed of the incident as soon as reasonably practicable and were told about any actions to improve processes to prevent the same thing happening again.

During our most recent inspection we saw a summary of eight significant events between July 2017 and September 2017. We saw evidence to confirm that actions and learning were included in the review of events and discussed at team meetings.

Safety alerts were received by the practice manager and forwarded on to the GP for action. At the previous inspection we found the service could not demonstrate effective management of risks in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA). At this inspection we

found there was a system in place but the practice were unable to demonstrate what actions had been taken and we also found that the practice was not in receipt of all alerts. For example:

- An alert from the MHRA highlighted a risk to healthcare professionals of a combination of specific medicines for patients of child bearing age. The alert indicated that patients on these medicines should be informed of the risks of foetal abnormalities when pregnant and referred to a specialist for an alternative medicine if they plan to get pregnant. During our inspection there was no evidence to demonstrate that the practice had received the alert and there was no evidence of actions taken; to gain assurance that no patients were at risk we asked the practice to conduct a search on their patient record system during our inspection. The search highlighted three patients were on this medicine that required a review.

Overview of safety systems and processes

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. However at the previous inspection we found the systems for safeguarding children and vulnerable adults were not effective as communication with other healthcare professionals needed strengthening to protect patients from the risk of harm. At this inspection we found that the practice had implemented regular communication with the health visitors and meetings had been organised to ensure information was shared appropriately. However, alerts were not added to patients' records when safeguarding concerns had been identified to ensure all staff were aware of vulnerable patients.
- Policies were accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. Staff had completed training relevant to their role in this area. GPs were trained to child safeguarding level 3.
- There was a notice in the waiting room to advise patients that chaperones were available if required. Staff who acted as chaperones had received the appropriate training. Staff carrying out this role had a

Are services safe?

Disclosure and Barring Service (DBS) check in place. (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).

- We observed the premises to be clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken. All staff had received the appropriate training relevant to their role.
- The arrangements for managing vaccines in the practice were not effective. The practice had not followed Public Health England guidelines for the recording of vaccination fridge temperatures with gaps in the daily recording and temperatures exceeding the range were recorded with no action being taken to review the risk. On the day of inspection we found the fridge temperature had been recorded as 14 degrees and no action had been taken to ensure the vaccines could not be used until they were confirmed as safe.
- At the previous inspection we found there was no system in place to ensure GPs had sufficient information to continue the prescribing of certain high risk medicines safely. At this inspection we found the GP had carried out a review of patients on high risk medicines to ensure they were receiving the appropriate monitoring. However, the practice did not have an effective process in place to monitor patients on anti-coagulation therapy. On reviewing seven patients we found anticoagulants had been prescribed to four patients who had not received the appropriate monitoring.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of instructions detailing conditions under which prescription medicine can be supplied to patients without a prescription).
- We reviewed two personnel files and found recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been completed.

Some risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety risk assessments had been completed. The practice had up to date fire risk assessments and we found that fire alarms were tested on a weekly basis. Regular fire drills were carried out and staff were aware of the evacuation procedures in the event of an emergency.
- All electrical equipment was checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, however staff told us that there was a shortage of reception staff and the GP was planning on recruiting a nurse prescriber. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place 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; however we found the masks were out of date and there were no arrangements in place to ensure that these were checked regularly.
- 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.

Monitoring risks to patients

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which contained contact details for all staff and was accessible to all the practice team.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection, on 21 November 2016 we rated the practice as requires improvement for providing effective services as clinical audits had not been completed to show improvements in patients' outcomes and national screening and childhood immunisation uptake were below national averages. These arrangements had not improved when we undertook a follow up inspection on 16 October 2017 and the practice continued to be rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs and generally delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE, but did not use this information effectively to deliver care and treatment that met patients' needs. For example: patients on anti-coagulation therapy had not received the appropriate monitoring.
- The practice had signed up to the clinical commissioning group's (CCG) Primary Care Commissioning Framework (PCCF), which was a set of clinical standards aiming to improve overall quality of clinical care and reduce inequality for the whole practice population.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 94.7% of the total number of points available; this was comparable to the national average of 95%. Exception reporting for 2015/16 was 16.4% which was higher in comparison to the national average exception reporting of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). QOF data for

2016/17 showed the practice had achieved 92.2%, which was a decline on the previous year's results. The exception reporting rate for 2016/17 had also seen an increase to 17.7%

This practice achievements for QOF 2015/16 (or other national) clinical targets showed:

- Performance for diabetes related indicators was 94% which was higher than the CCG average of 88% and the national average of 90%. Exception reporting rate was 20% which was higher than the national average of 12%. Data for 2016/17 showed the practice had achieved 82%, which was lower than the CCG average of 90% and the national average of 91%. The exception reporting rate for 2016/17 was 22%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 91% and the national average of 93%. Exception reporting rate was 24%, which was higher than the national average of 11%. Data for 2016/17 showed the practice had achieved 100%, which was higher than the CCG average of 92% and the national average of 94%. Exception reporting rate for 2016/17 was 26%.

The practice explained the high exception rates were due to patients not being responsive to health review appointment reminders as some patients went abroad for part of the year. The practice told us they would send letters to encourage patients to attend appointments, but this had not been effective.

There was limited evidence of quality improvement including clinical audit.

- The practice participated in some local audits, national benchmarking, accreditation, peer review and research.
- The practice had completed some clinical audits, but none of these were two cycle audits and did not demonstrate what improvements had been made. The provider showed us some lists of reviews that had been completed, but these did not demonstrate any improvements to patient outcomes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and

Are services effective?

(for example, treatment is effective)

confidentiality, but at the previous inspection we found this did not include infection prevention and control. This has now been implemented and we found at this inspection that all staff had received training in infection control.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competency. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff had received an appraisal and their learning needs had been identified through this process. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, some care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on

a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Since the last inspection the practice had set up regular meetings with the health visiting team to ensure vulnerable children were reviewed and monitored effectively.

The practice team were part of a local pilot scheme to improve outcomes for patients in the area. For example, the practice had implemented a new service called 'Care Connected' which had been rolled out across Birmingham, Sandwell and Solihull. This allowed doctors, nurses and other registered healthcare professionals working in secondary care to view information from a patient's GP record, with the patient's permission, to provide them with better, safer care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 71%, which was lower than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Cervical screening uptake had become an historical challenge, with the high numbers of ethnic group women showing reluctance to engage in the process. There were

Are services effective?

(for example, treatment is effective)

failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were lower than the CCG and national averages. For example,

- 58% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 72%.
- 30% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

The practice told us they had met with the bowel screening co-ordinator to discuss how to improve uptake for bowel cancer screening.

Childhood immunisation rates for the vaccinations given were lower than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 91% which were lower than the national average of 90%. Immunisation rates for five year olds ranged from 75% to 89% which were lower than the national average of 88% to 94%. The practice told us they had signed up to a new immunisation scheme with NHS England to improve the uptake on children's vaccinations by completing monthly audits and following up on patients who did not attend appointments.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data provided by the practice showed 492 patients were registered between the ages of 40-74 years and 46 of these patients had received a health check in the past 12 months.

Are services caring?

Our findings

At our previous inspection, we rated the practice as good for providing caring services. The practice continued to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey showed satisfaction scores for consultations with GPs were comparable to the CCG and national averages and this was reflected in the feedback we received. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

The practice satisfaction scores for consultations with nurses showed:

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.

The practice satisfaction scores for helpfulness of reception staff showed:

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Results for nurses showed:

- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice told us that an in house survey had been completed the previous year, but the results were unavailable for review on the day of inspection. The practice had not reviewed the latest national patient survey results from July 2017. We found the July 2016 results were on display in the waiting room.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language and some of the reception staff and GPs spoke a range of Asian languages.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. At the previous inspection we found 12 patients were on the carers register. At this inspection we found the practice had increased the number of carers to 18 patients, this represented 0.6% of the practice list.

Information was on display in the waiting room and a notice was on display asking patients to advise the reception staff if they had caring responsibilities. The practice told us they invited all carers for flu vaccinations and health checks. Data provided by the practice showed four patients had received a health check in the past 12 months and 14 patients had been invited for a flu vaccination.

Staff told us that if families had suffered bereavement they were sent a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection, we rated the practice as good for providing responsive services. The practice continued to be rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered minor surgery services for patients registered at the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice did not routinely offer longer appointments for patients with a learning disability. However, the GP told us they would offer those patients sufficient time to enable them to receive the care and support they needed.
- We saw examples of joint working with midwives with the midwife holding an antenatal clinic once a week and monthly meetings with the health visiting team to discuss vulnerable children.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- There were baby changing facilities, a hearing loop to support patients with hearing difficulties and interpretation services were available.
- Travel vaccines available on the NHS were offered at the practice and patients were referred to other clinics for vaccines only available privately.
- There were accessible facilities for patients with a disability. This included disabled parking bays and a ramp to the front door.
- The practice offered a variety of services including cervical screening and phlebotomy.

Access to the service

The practice is open between 8am and 6.30pm Mondays to Fridays. Appointments with the male GP are from 9.30am to

12pm and 4pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays and from 9.30am to 12pm on Wednesdays. The female GP was available on Wednesday afternoon. Extended hours appointments were not available. Telephone consultations are available if patients requested them; home visits were also available for patients who are unable to attend the surgery if they were within the practice boundaries. The GP would not visit patients outside of his boundary area and a notice was on display in the waiting room to advise patients of this.

The practice had recently joined an improved access scheme with a group of general practices within Sandwell and West Birmingham Clinical Commissioning Group (CCG). The practices had set up access 'hubs' across the locality so patients could access appointments during the evening between 6.30pm to 8pm and Saturday and Sunday mornings. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week. When the practice is closed, primary medical services are provided by Birmingham and District General Practitioner Emergency Room group (Badger), an out of hours service provider and the NHS 111 service and information about this is available on the practice website.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were higher in comparison to local and national averages. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 71%.

We were told all home visit requests were passed to the GP, who would decide whether to carry out telephone triage to determine the exact nature of their request, before deciding whether a home visit was appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The GP told us that if the patient had complex medical needs and was outside of his boundary area, patients were advised to find alternative healthcare arrangements as he was unable to visit them at home. On speaking with the CCG they told us that since 2015 a policy had been in place

Are services responsive to people's needs?

(for example, to feedback?)

where GPs did not have to visit newly registered patients who lived outside of the practice's boundary areas however, each application to register was to be considered on a case by case basis to ascertain whether it was clinically appropriate and practical for the patient to be registered in this way. On the day of inspection we were unable to gain assurances that this was acted on for each individual patient and we saw no evidence of any documentation to confirm this had been discussed with patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received since the last inspection; these had been well documented. We found evidence of learning being shared with staff to ensure quality of care was improved.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection, on 21 November 2016 we rated the practice as requires improvement for providing well led services as clinical and managerial leadership was not effective and some areas of the practice governance arrangements needed improving. These arrangements had not improved when we undertook a follow up inspection on 16 October 2017 and the practice is now rated as inadequate for providing well led services.

Vision and strategy

The practice had a vision and strategy to provide primary health care to patients. We spoke with three members of staff who told us the team worked well together and all staff were committed to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. Feedback received from patients on the day of the inspection was positive about the care received.

Governance arrangements

Since our previous inspection, we found a governance framework had been reviewed to support and monitor the delivery of the strategy and good quality care, however this was not effective and some risks identified from the inspection in November 2016 had not been actioned and further risks had not been acted on. The leadership and oversight of governance arrangements had impacted on the delivery of safe care and treatment. For example:

- The system for the management of risks in relation to medicine safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective. The practice were unable to demonstrate what actions had been taken.
- The practice were unable to demonstrate they had an effective process in place to monitor patients on anti-coagulation therapy.
- Vaccines were not being managed appropriately. Vaccine fridge temperatures were not recorded daily and temperatures exceeding the range were recorded with no action being taken to review the risk.
- There was no system in place to monitor the expiry dates of masks used in emergency situations, we found both adult and children's masks were out of date.

- The practice did not have a system in place to monitor improvements of patients' outcomes through clinical audits.
- The practice did not have an effective system in place to ensure alerts were not added to patients' records when safeguarding concerns had been identified to ensure all staff were aware of patients who were vulnerable.

We found on the day of inspection that the practice did not have on display the most recent CQC rating and the date it was given. The practice told us they were unaware that this needed to be on display; however we found that the outcome from the 2014 inspection was available on the practice website. The practice acted on this immediately and the most recent ratings were on display in the waiting room, however the information is not available on the practice website.

The following actions identified at the previous inspection had been addressed to mitigate risk. For example:

- The practice had set up regular meetings with the health visiting team to ensure vulnerable children were reviewed and monitored effectively.
- The reporting form for significant events had been updated to demonstrate what actions had been taken.
- Some improvements had been made to the monitoring of patients on certain high risk medicines, with reviews completed to ensure patients had received the appropriate monitoring.

Leadership and culture

Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of 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).

- There was a leadership structure and staff felt supported by management; however we found communication between the management team needed strengthening to ensure all updates to services and changes within practice were communicated effectively to the team and patients.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff told us there was an open culture within the practice and staff had the opportunity to raise any issues, discuss improvements at the practice and felt confident and supported in doing so. We saw minutes of staff and clinical meetings that were held monthly.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year. The practice told us that an in house survey had been completed the previous year, but the results were unavailable for review on the day of inspection.

- The practice had not reviewed the latest national patient survey results from July 2017. We found the July 2016 results were on display in the waiting room.
- The practice told us they reviewed the results of the friends and family test (FFT); however we found the results on display in the waiting room were from August 2016.
- The practice had completed staff appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice were unable to demonstrate continuous improvement and we saw limited evidence of quality improvement.

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>Care and treatment must be provided in a safe way for service users.</p> <p>How this regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The provider had not complied with and relevant patient safety alerts issued from the Medicines and Medicines and Healthcare products Regulatory Agency (MHRA).• The provider was not assessing and delivering care for patients on anti-coagulant therapy. <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>Providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.</p>

This section is primarily information for the provider

Requirement notices

How this regulation was not being met:

- The provider did not have systems and processes in place such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service and improve patient outcomes.
- The provider did not have adequate arrangements in place to minimise the likelihood of risks and to minimise the impact of risks on people who use services..

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>You are failing to comply with Regulation 12, (1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Why you are failing to comply with this regulation:</p> <p>On 16 October 2017 an inspection visit was carried out at Dr Iftekhar Majeed's practice. A number of very serious concerns were identified and it was concluded that patients were at risk of receiving unsafe care and treatment.</p> <ul style="list-style-type: none">• The practice did not have an effective process in place to monitor patients on anticoagulation therapy. On reviewing seven patients we found anticoagulants had been prescribed to four patients who had not received regular INR monitoring.• Vaccines were not being managed appropriately. Vaccine fridge temperatures were not recorded daily and temperatures exceeding the range were recorded with no action being taken to review the risk. On the day of inspection we found the fridge temperature had been recorded as 14 degrees and no action had been taken to ensure the vaccines could not be used until they were confirmed as safe.• Safety alerts including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were not managed appropriately and the practice were unable to demonstrate what actions had been taken. On the day of inspection we found that the practice were not aware of some alerts. For example an alert was issued in April 2017 entitled "Valproate and developmental disorders" asking prescribers to review patients and consider risks. The practice were not aware of this alert and had not checked their records to determine whether any patients needed to be reviewed.

This section is primarily information for the provider

Enforcement actions

- There was no system in place to monitor the expiry dates of masks used in emergency situations, we found both adult and children's masks were out of date.