Care Quality Commission

Dr Yousef Rashid

Inspection report

Gascoigne Road
Barking
Essex
IG11 7RS
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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 summary

Dr Yousef Rashid is a provider registered with CQC.

We carried out an inspection of the provider on 14 May 2019 to follow up concerns raised at our inspection on 30 January 2019.

At the inspection in January 2019 we found that:

- Patients on high-risk medication were not having appropriate monitoring completed in line with guidelines for safe prescribing and we found that the system for reviewing uncollected prescriptions was not effective.
- Systems for staff training, appraisal and recruitment were not effective.
- Emergency medicines were not all stored correctly, in date and the practice did not have all recommended emergency medicines or a risk assessment which explained their absence.
- Equipment had not been PAT tested or calibrated.
- Patient records were not always updated with information from secondary care services after discharge.
- The practice had not effectively monitored and made significant improvements in diabetes, HbA1c performance.
- The practice did not maintain an at-risk register for vulnerable adults and children. In addition, there was no process in place to identify carers.
- Governance systems were lacking. For example; practice policies had not been reviewed since 2016, verbal complaints remained unrecorded, staff were not aware of a clear governance structure and the practice did not hold regular practice meetings that were minuted.
- The practice did not have a programme in place to monitor quality improvements and subsequently make improvements.

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.

At this inspection we found that:

- Systems for monitoring patients prescribed high risk medicines continued to be not safe or effective.
- Emergency medicines were checked and in date and the practice's box of uncollected prescriptions was regularly reviewed.
- Hospital discharges reviewed showed that the practice was taking appropriate action in response to requests from other health services.
- Data for 2019/20 indicated that performance against targets for diabetes had improved year to date but that the proportion of the patient list identified as having diabetes had reduced considerably.
- A programme of clinical audit had been considered but not yet initiated.
- Governance arrangements had improved as there was a up to date policy framework in place covering most areas of operation; including systems to record verbal complaints yet some newly appointed staff were unclear about leadership roles. Regular practice meeting had also been initiated.
- Recruitment, training and appraisal processes had improved and the practice were in the process of setting up systems to oversee staff training.
- Risks associated with the premises had been assessed and had either been addressed or were in the process of being addressed.
- The practice had identified those with caring responsibilities and adults who were vulnerable. However, the practice had not identified any at-risk children on their patient list.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Review the practice's patient list to ensure that those with diabetes and at-risk children are being identified and supported.
- Clarify leadership roles for newly appointed staff working at the practice.

Overall summary

- Continue with work to monitor staff training and upgrade the premises in light of infection control audits.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a GP specialist advisor.

Background to Dr Yousef Rashid

Dr Yousef Rashid also known as Shifa Medical Practice is located in Barking, Essex and provides primary medical services to approximately 2300 patients. Services are provided under a Personal Medical Services (PMS) contract with NHS England and the practice is part of the Barking and Dagenham Clinical Commissioning Group (CCG). (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

Shifa Medical Practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures and diagnostic and screening procedures from Gascoigne Road, Barking, Barking and Dagenham, IG11 7RS. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Thirty three percent of patients on the list were aged 18 or younger compared with the national average of 21%. The number of people over the age of 65 was 5% compared to the national average of 17%. The practice provided services to a large housing estate, located close to the surgery. There was a high number of single parent families and many families were on low incomes. Ten percent of the population were unemployed compared with 4% nationally.

There is one full time GP who provides nine sessions per week and locum practice nurses. The GP was supported by four reception staff; three of who were recruited after our last inspection. The practice also recruited a practice manager in April 2019.

The practice is open between 8am and 6.30pm Monday to Friday. Urgent appointments as well as telephone consultations are also available daily. Out of hours services are delivered by another provider which can be directly accessed by calling the practice telephone number.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • The practice did not have a programme in place to monitor quality improvements and subsequently make improvements. This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Medicines were not being managed in a safe way as not all patients who were prescribed high risk medicines and were overdue monitoring tests, had the required monitoring undertaken and medication review completed as set out in local and national guidance and recommendations. This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.