

Dr Abdul-Razaq Abdullah

Inspection report

Rainham Health Centre
Upminster Road South
Rainham
RM13 9AB
Tel: 01708 796579

Date of inspection visit: 8 January and 16 January
2020
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We previously carried out an announced comprehensive inspection of Dr Abdul-Razaq Abdullah on 4 and 13 June 2019 and found the practice was in breach of Regulation 12: 'Safe care and treatment' and Regulation 17 'Good governance' of the Health and Social Care Act 2008. In line with the Care Quality Commission's (CQC) enforcement processes, we imposed conditions on the providers registration which required Dr Abdul-Razaq Abdullah to comply with the conditions Regulations by 31 July 2019. In addition, the practice was put in special measures.

We carried an announced focused inspection on 5 August 2019 to check whether the practice had taken action to satisfy the conditions we imposed on the providers registration. Where we found the provider had taken sufficient action relating to the conditions we imposed on the providers registration.

The full reports of the 4, 13 June and 5 August 2019 inspection can be found by selecting the 'all reports' link for Dr Abdul-Razaq Abdullah on our website www.cqc.org.uk.

We carried out an announced comprehensive inspection on the 8 and 16 January 2020, in line with the CQC schedule of inspection, to review whether the practice remained in breach of the regulations.

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.

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- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall.

We rated the practice as **requires improvement** for providing safe services because:

Although, we found the practice had reviewed and improved areas of concern found in the inspection on the 4 and 13 June 2019, the practice had not fully embedded or

completed the improvements in some areas. For example, regarding the health and safety of the premises, the failure to ensure the practice had enough clinical staff and the continual review of safety alerts.

We rated the practice as **inadequate** for providing effective services because:

Although we found the practice had ensured that all staff were trained for their role and had improved the system for the recall of patients with long-term conditions.

The practice response to the monitoring of long-term conditions and mental health, immunizations and cervical screening continued to require further improvements to ensure a consistent approach. In addition, we found the practice had not completed all patient care plans and had not consistently reviewed the palliative care register.

We rated the practice as **requires Improvement** for providing a caring service because:

Although, we found that the patient feedback from speaking with patients and the CQC comment cards was positive, the management team had not reviewed or responded to the national GP survey prior to the inspection.

We rated the practice as **requires improvement** for providing responsive services because:

Although, we found that the practice had learnt from complaints. We rated the population groups for long-term conditions and working age people as requires improvement due to the restricted access for patients to the practice nurse.

We rated the practice as **requires Improvement** for providing well-led services because:

We found the practice had made improvements to the governance of the practice but some of these areas had not been fully embedded and the practice had not reviewed and fully mitigated the risks to the practice.

These areas affected all population groups we have rated People experiencing poor mental health (including people with dementia and Families, children and young people as inadequate and the other population groups requires improvement.

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

Overall summary

- 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.

Due to our findings the practice will remain 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.

Details of our findings and the evidence supporting our ratings are set out in the evidence table.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.

Population group ratings

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

Our inspection team

On the 8 January 2020 our inspection team was led by a CQC inspector, who was supported by an inspection manager.

On the 16 January 2020 our inspection was led by a CQC inspector, who was supported by both a CQC inspector and a General Practitioner specialist adviser.

Background to Dr Abdul-Razaq Abdullah

Dr Abdul Razaq Abdullah surgery is located at Rainham Health Centre, Upminster Road South, Rainham, Essex, RM13 9AB. The premises are leased from North East London Partnership Trust and shared with other community health services.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 5,226 patients.

The practice's clinical team is led by the provider (the principal GP), who provides eight clinical sessions per week. A female locum GP provides two clinical sessions per week, usually all-day on a Tuesday. A female advanced nurse practitioner carries out six sessions per week, usually all day on a Monday, Wednesday and Friday. The practice nurse who carries out the diabetic reviews works at the practice three days per week and is supported by a health care assistant. The clinical team are supported by a practice manager, two assistant practice managers and a team of administrators/receptionists.

Standard appointments are 10 minutes, with patients being encouraged to book double slots if they have several issues to discuss. The provider carries out home visits for patients whose health condition prevents them from attending the surgery.

When the practice is closed, out of hours cover for emergencies is provided by Havering GP Federation and NHS 111 services. The practice is part of the wider network of GP practices in Havering.

The practice catchment area is classed as being within one of the more deprived areas in England. The practice scores five on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

National General Practice Profile describes the practice ethnicity as being 80.4% white British, 65.8% Asian, 9.9% black, and 3.2% mixed and 0.7% other non-white ethnicities. The general practice profile shows that 43% of patients registered at the practice have a long-standing health condition, compared to 51% nationally.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met...</p> <ul style="list-style-type: none">• The management team had not reviewed the cause fully and put an action plan in place to mitigate for low uptake of child immunisation, cervical screening.• The practice had not always completed patient care plans.• The practice did not offer of over 75 health checks for older people.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <ul style="list-style-type: none">• The practice had not reviewed and fully mitigated the risks to the practice.• The practice did not have an effective management system in place for palliative care.• The management team had not reviewed or responded to the national GP survey prior to the inspection and only recently sought their own feedback.• The newly implemented policies did not contain the protocols for the new responsibilities and systems.• At the time of the inspection there was no indication that the practice monitored the uptake of online patient accounts to ensure they met the national targets.

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Requirement notices

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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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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