

Dr Abdul-Razaq Abdullah

Inspection report


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

Date of inspection visit: 4 June and 13 June 2019
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

On 4 June 2019 the Commission carried out an unannounced focused inspection at Dr Abdul-Razaq Abdullah, located at Rainham Health Centre, Upminster Road South, Rainham, RM13 9AB. Due to the findings during this inspection, the CQC then carried out an announced comprehensive inspection of the practice on the 13 June 2019.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as **inadequate** overall.

- Our review of patient records evidenced an inconsistent management of patients' medicine reviews and records. We also found ineffective systems for the management of patient blood test results, safety alerts, and safeguarding concerns, which put patients at risk of harm. This demonstrated that the overall governance arrangements at the practice were ineffective.

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

- The practice did not have an effective system in place to keep people safe and safeguarded from abuse.
- Recruitment checks were not carried out in accordance with the regulations.
- The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation.
- There were serious gaps in systems to assess, monitor and manage risks to patient safety.
- Staff did not have the information they needed to deliver safe care and treatment.
- The practice did not have an effective system in place to report, investigate and learn from significant events.
- The provider did not have an effective system in place for the management and action of safety alerts.

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

- A review of patients records demonstrated patients' needs were not always assessed and care and treatment were not always delivered following evidence-based guidelines.
- There was limited monitoring of the outcomes of patients' care and treatment.
- The provider did not have a system in place to assure that staff had the necessary training to carry out their work or to review the competency of the locum advanced nurse practitioner.

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

- Our review of the patient records evidenced an inconsistent management of patients' medicine reviews and records. We found ineffective systems for the management of patient test results, safety alerts, and safeguarding concerns, which demonstrated that: -
- Leaders did not have the capacity and skills to deliver high quality sustainable care.
- The practice did not have a clear vision and was not supported by a credible strategy to provide high quality sustainable care.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The overall governance arrangements were ineffective.

The inadequate areas in the safe key question have impacted all population groups and so we have rated all population groups as **inadequate**.

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

- The practice had not sought any direct patient feedback.
- Feedback from the national GP patient survey and on the NHS choices website was mixed about the way staff treated people.

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

- The service did not always meet patients' needs. This was because inconsistent management of patients' medicine reviews and ineffective systems for the management of patient test results demonstrated that patients' care and treatment was not regularly reviewed and updated, which put patients at risk.

Overall summary

- People were not always able to access care and treatment in a timely way.
- The practice did not learn from complaints.

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).

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.

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

Our inspection team

On the 4 June 2019 our inspection team was led by a CQC inspector, who was supported by both a General Practitioner and a Practice Manager specialist adviser.

On the 13 June 2019 our inspection was led by a CQC inspector, who was supported by both a CQC enforcement 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 5,321 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 three clinical sessions per week, usually all-day on a Tuesday and on a Thursday afternoon. 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

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Provider was issued with a notice of decision to impose conditions on their registration in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. The conditions imposed that the provider must ensure care and treatment is provided in a safe way to patients.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Provider was issued with a notice of decision to impose conditions on their registration in relation to Regulation 17 HSCA (RA) Regulations 2014 Good governance. The conditions imposed that the provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. .