

Dr Raphael Rasooly

Inspection report

21 Tanfield Avenue
London
NW2 7SA
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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.

Overall summary

Dr Raphael Rasooly is a provider registered with CQC. Following a comprehensive inspection on 5 March 2020, we rated the practice inadequate overall and in safe, effective and well-led. Caring and responsive were rated requires improvement. The practice was placed in special measures and issued warning notices for breaches of Regulation 12 and 17 of the Health and Social Care (HSCA) 2008 (Regulated Activities) Regulations 2014.

In June 2020, we received information of concern and a significant number of negative comments and complaints about the standards of care and treatment from people who used the service. In response, we carried out an assessment of patient records through remote access of the providers IT system on 21 July 2020 which led to us deciding that we needed to review the practice in person.

We also reviewed remotely specific documentation including policies and audits. (In light of the current Covid-19, CQC has looked at ways to fulfil our regulatory obligations, respond to risk and reduce the burden placed on practices by minimising the time inspection teams spend on site. In order to seek assurances around potential risks to patients, we are currently piloting a process of remote working as far as practicable. This provider consented to take part in this pilot and some of the evidence in the report was gathered without entering the practice premises).

We undertook an unannounced focused inspection of the practice on 3 August 2020. The purpose of this inspection was to check compliance with the warning notices issued after the 5 March 2020 inspection.

At this inspection we found the provider had addressed most of our concerns:

- The provider had the full list of recommended emergency medicines available.
- The provider had ensured all staff had completed appropriate training for their role and had up-to-date Disclosure and Barring Service (DBS) checks or DBS risk assessment.
- The provider had introduced a system to ensure compliance with Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts.

- The provider had improved the systems and processes for learning, continuous improvement and innovation. However, there remained areas for improvement.
- The provider had increased the practice's nursing capacity.
- The provider showed that staff had the skills, knowledge and experience to carry out their roles.
- The provider did not have effective governance structures in place to oversee areas of activity such as: staff recruitment and training records.
- We found instances when the provider had not ensured care and treatment was not delivered in accordance with national guidance.

Following the focused inspection in August 2020, 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:

- Improve the process of clinical auditing to provide a systemic review of the findings against explicit criteria and measure or confirm improvement.
- Improve the process for disseminating information to staff relating to significant events.

This was an unrated inspection and the provider remains in special measures due to our findings during the inspection on 5 March 2020.

Details of our findings from the remote records assessment review in July 2020 and the focused inspection on 3 August 2020 are set out in the evidence table.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector accompanied by a GP specialist advisor. A separate CQC inspector and specialist adviser carried out the remote records assessment in July 2020.

Background to Dr Raphael Rasooly

The GP practice Dr Rasooly is located at 21 Tanfield Avenue, London, NW2 7SA. The provider also runs a branch practice from Greenhill Park, London, NW10 9AR. The branch surgery was not inspected as part of this inspection.

There are good transport links with tube and over ground stations nearby. The practice is part of a wider network of GP practices. The practice is registered with CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.

The practice provides NHS services through a General Medical Services (GMS) contract to around 12,000 patients living in the areas of Harlesden and Neasden in North West London. The practice is part of the Brent Clinical Commissioning Group (CCG) which is made up of 52 general practices.

The practice's clinical team is led by the provider (male principal GP full time), a female salaried GP (full time), regular locum GPs, three part time nurses, healthcare assistants, phlebotomists, a practice manager and regular administrators/receptionists.

The practice has a higher than average number of patients between the ages of 15 and 44. The National General Practice Profile states that 36% of the practice population is from a white background, 26% from an Asian background with a further 38% of the population originating from black, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 Surgical procedures 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> <p>We reviewed 12 patients with long-term conditions, two of whom had not had a structured review within the recommended timeframe.</p> <p>We reviewed 10 asthmatic patients. One of whom had not had a structured review within the recommended timeframe. A second patient had not been prescribed the recommended combination of medicines.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Surgical procedures 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> <p>The provider did not have an effective system in place to ensure staff appraisals supported staff to develop their skills.</p> <p>At the time of inspection, the leadership and governance did not always support the delivery of high-quality person-centred care. In particular, there was insufficient oversight of staff training records; there was no evidence of recent quality improvement activity, and there was no evidence of water temperature testing for two months.</p> <p>The provider did not have an effective system in place to monitor staff recruitment processes.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |