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.

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

We carried out an announced comprehensive inspection at the GP practice Dr Rasooly on 5 March 2020 as part of our inspection programme.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

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.

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

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given sufficient guidance on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of such patients.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to show that care and treatment was always delivered in line with evidence-based guidance.
- Some performance data was significantly below local and national averages.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups, so we rated all population groups as **inadequate**.

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

- The practice had not acted on feedback from the National GP Patient Survey.
- The practice needed to improve on the identification and support of patients with carer responsibilities.
- There was insufficient nursing capacity to meet patients' needs which was reflected in low child immunisation and cervical screening achievement rates.

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 on the identification and support of patients with carer responsibilities.

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.

Overall summary

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 tables.

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

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector and a CQC inspection manager.

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. There are good transport links with tube and overground 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), several locum GPs, three part time nurses, healthcare assistants, phlebotomists, a practice manager and several 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. Male life expectancy is 80 years compared to the national average of 79 years. Female life expectancy is 86 years compared to the national average of 83 years.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** The provider had failed to ensure the proper and safe management of medicines; • Comprehensive care records were not maintained for patients that were administered high-risk anticoagulant medicine and for patients requiring structured annual medicines reviews. • The provider did not have arrangements in place for the monitoring and recording of the availability of emergency equipment, and there was no risk assessment in place for emergency medicines that were deemed inappropriate to stock. • The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely: • The provider could not demonstrate that all staff had completed the appropriate level of training for their roles or that they were providing care and treatment within their competencies. • The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such a sepsis. • The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:

This section is primarily information for the provider

Enforcement actions

- The provider had not completed a documented control of substances hazardous to health (COSHH) risk assessment and the fire risk assessment was not current.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found: • The provider did not have an effective system to report, record and learn from significant events and incidents effectively. • The provider did not have effective systems to ensure staff recruitment, induction, training, supervision and appraisal were carried out consistently. • The provide did not have a system to provide assurance that the practice nurses and healthcare assistants were providing care and treatment within their competencies. • The provider could not demonstrate sufficient nursing capacity resulting in low cervical cancer screening and child immunisation achievement rates. • The provider did not have an effective system to demonstrate good antimicrobial stewardship or that the prescribing of all high-risk medicines were monitored appropriately. • There was limited monitoring of the outcomes of care and treatment.

This section is primarily information for the provider

Enforcement actions

- The provider did not have an effective system to ensure the clinicians kept up to date with evidence-based guidance or to monitor the clinical practice of locum staff.
- The provider did not have an effective system to ensure people with long-term conditions received annual structured medicine reviews.
- The provider did not have a failsafe system for acting on pathology results.
- The provider did not have an effective system for acting on patient feedback.
- The provider did not have an effective system for reviewing and updating practice policies and procedures.
- The provider did not have a credible strategy to provide high quality primary care.

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