

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	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Requires Improvement	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

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 and across all population groups. Responsive and caring were rated requires improvement.

At the inspection, we found concerns in relation to systems and processes to keep people safe, the safe management of medicines, systems for learning and making improvements when things went wrong, monitoring of the outcomes of care and treatment, staff training, leadership and overall governance. 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.

We carried out an unannounced focused inspection of Dr Raphael Rasooly on 3 August 2020 to follow-up on information of concern we received, and the warning notices issued following the March 2020 inspection.

At this inspection, we found the provider had made some improvement in providing safe, effective and well-led services. However, we identified further concerns in relation to structured reviews of people with long-term conditions and general governance systems. The practice was issued Requirement notices for breaches of Regulation 12 and 17 of the Health and Social Care (HSCA) 2008 (Regulated Activities) Regulations 2014.

We carried out a comprehensive inspection of the practice on 7 December 2020. Following this inspection, we rated this practice requires improvement overall. Safe, effective, caring, responsive and well-led key questions were rated requires improvement along with all the population groups.

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).

The report of the previous inspections can be found by selecting the 'all reports' link for Dr Raphael Rasooly on our website at www.cqc.org.uk.

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 providers, patients, the public and other organisations

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

- Although some improvement was evident since the previous inspections. We found continuing concerns in relation to medicine reviews, the effectiveness of the monitoring system for people on Direct Oral Anticoagulants (DOACs) and compliance with safety alerts.

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

- We found continuing concerns in relation to structured medicine reviews for people with asthma.
- Cervical screening and childhood immunisation achievement rates were below national targets although there was some improvement since the last inspection.

Overall summary

- The provider did not monitor the clinical practice of sessional GPs.
- The provider did not monitor the process for seeking consent.

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

- National GP Patient Survey results for caring indicators were below local and national averages.
- Feedback we received from people who used the service showed that people were not always treated with kindness and respect and their privacy upheld.

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

- Although nurse capacity had been increased, and there had been some improvement in uptake, cervical screening and childhood immunisation achievement rates remained below national targets.
- Feedback we received from people who used the service was predominantly negative in relation to access to the service.

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

- The provider demonstrated some improvement in leadership and overall governance. However, concerns remained particularly in relation to clinical governance and leadership capacity to sustain improvement.

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

- Ensure safeguarding policies consider people accessing online services and relevant safeguarding information is shared with the Out of Hours service.
- Develop a comprehensive program of quality improvement including clinical audit to drive improvement in care and treatment outcomes.
- Improve patient satisfaction with the caring aspects of the service provided and continue to improve the identification and support of patients with carer responsibilities.
- Improve confidentiality arrangements at the reception desk.
- Improve patient satisfaction with access to the service.
- Further develop systems to ensure compliance with the requirements of the duty of candour.
- Take steps to improve patient engagement and involvement in the development of the services provided.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service

Details of our findings 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	Requires Improvement 
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)	Requires Improvement 

Our inspection team

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

Background to Dr Raphael Rasooly

The GP practice Dr Raphael Rasooly is located at 21 Tanfield Avenue, London, NW2 7SA. The provider also runs a branch practice at Greenhill Park, London, NW10 9AR. There are good transport links with tube stations and buses and there is a pharmacy nearby.

The practice provides NHS services through two General Medical Services (GMS) contracts 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 is run by a principal male GP and employs a salaried female GP, four sessional GPs, two practice nurses and two clinical pharmacists. The administration team is led by a practice manager and includes several administrators and reception staff. Three receptionists are trained to carry out phlebotomy duties and one is a trained healthcare assistant.

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 population is in the eighth most deprived decile in England. 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 level of deprivation and level ten the lowest. There is a higher than the national average number of patients between 15 and 44 years of age.

The practice reception is open at the main and branch sites Monday to Friday between 8.00am and 6.30pm. Patients may book appointments by telephone, online or in person. However, due to the Covid-19 pandemic a telephone triage system was in place to reduce in person contact. When the practice is closed, patients are directed to contact the local out of hours service via NHS 111. This information can be accessed on the practice website.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

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>Systems and processes established and operated did not ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <p>The systems in place to capture all patients on high-risk medication did not work effectively.</p> <p>The systems in place to capture all patients requiring a structured review of their medicine or condition did not work effectively.</p> <p>The systems in place did not ensure patients were informed of medication risks. We found seven patients who were not told about the side-effect of medicines in line with Medicines and Healthcare products Regulatory Agency (MHRA) alerts.</p> <p>The systems the provider had implemented to improve cervical screening and child immunisation uptake were ineffective in that achievement rates remained significantly below national targets.</p> <p>We found individual care records were not always written in line with current guidance and relevant legislation.</p> <p>The systems in place did not monitor the clinical effectiveness of sessional GPs.</p> <p>The process for seeking consent was not monitored.</p> <p>Leadership capacity and clinical governance did not ensure high quality sustainable care.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

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

In particular we found:

We reviewed four patients on a combination of medicines that require monitoring every six months and found two patients had not received blood tests within the recommended timeframe.

We reviewed ten patients on a controlled drug with ten or more prescriptions in the last 12 months and found three had not had a clinically appropriate medicine review.

We reviewed three patients on Direct Oral Anticoagulants (DOACs) and found that doses were not being calculated based on appropriate monitoring in line with national guidance.

We reviewed six patients with asthma and found four patients had not received a review of their condition within the recommended timeframe.

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