

Dr Yousef Rashid

Inspection report


Shifa Medical Centre
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Barking
Essex
IG11 7RS
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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?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Dr Yousef Rashid also known as Shifa Medical Practice on 30 January 2019 and rated the practice as requires improvement for the key question of responsive, good for the key question of caring and inadequate for the key questions of safe, effective and well-led. This led to an overall rating of inadequate and the service was placed in special measures.

Breaches of regulatory requirements were found, and requirement and warning notices were issued in relation to patient safety, good governance and staffing issues.

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

This inspection was an announced comprehensive inspection which we undertook on 23 September 2019 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 30 January 2019.

This report covers our findings in relation to those requirements. We found that there had been improvement since our last comprehensive inspection in January 2019. These improvements included an increase in staffing, better awareness, understanding and compliance in relation to issues that could affect patient safety and, finally an improvement in the way the provider was using governance to deliver efficient services at this location.

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 and the public.

We have now rated this provider as **requires improvement overall**.

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

- The provider provided care in a way that treated patients with dignity and respect.
- The provider supported carers registered at the practice through providing seasonal vaccines and signposting them to appropriate organisations.

- GP patient survey results were comparable to local and national averages.

We rated this provider as **requires improvement** for safe and well-led services because:-

- The provider had improved some record keeping but not sufficiently in relation to the monitoring of patients who had been prescribed high-risk medication.
- Childhood immunisation rates were below the national target in three out of the four indicators.
- The provider had increased staffing through the recruitment of new administration staff and a part-time practice manager, however it was too early to fully assess any positive impact on services provided.
- The nursing provision at provider was not sufficient to address the need of the population groups.
- The practice had a vision but the vision was not supported by a credible strategy.
- Governance arrangements had improved evidence through updated policies and procedures, however it was too early to fully assess any positive impact on services provided.

We rated this provider as **inadequate** for effective services because:-

- Uptake rates for the cervical screening programme were below the national target.
- Childhood immunisation rates were below the national target in three out of the four indicators.
- The practice did not have embedded recall systems in place for cytology and childhood immunisations to ensure that patients were followed up when they did not attend the practice when invited to.
- The nursing provision at provider was not sufficient to address the needs of some of the population groups.

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

The areas where the provider **must** make improvements are:-

- Ensure care and treatment is provide in a safe way to patients.
- Ensure effective systems and processes to ensure good governance in accordance.

The areas where the provider **should** make improvements are:-

Overall summary

- To provide training to administrative staff regarding the signs of sepsis.
- To identify whether the premises landlord has conducted a recent security risk assessment.
- To obtain and retain multi-disciplinary team meeting minutes.

This service will remain in special measures. Services 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.

Special measures will give people who use the service the reassurance that the care they get should improve.

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, a nurse specialist advisor, a practice manager specialist advisor and a second CQC inspector.

Background to Dr Yousef Rashid

Dr Yousef Rashid also known as Shifa Medical Practice is located in Barking, Essex and provides primary medical services to approximately 2300 patients. Services are provided under a Personal Medical Services (PMS) contract with NHS England and the practice is part of the Barking and Dagenham Clinical Commissioning Group (CCG). (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

Shifa Medical Practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures and diagnostic and screening procedures from Gascoigne Road, Barking, Barking and Dagenham, IG11 7RS. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10.

Thirty three percent of patients on the list were aged 18 or younger compared with the national average of 21%. The

number of people over the age of 65 was 5% compared to the national average of 17%. The practice provided services to a large housing estate, located close to the surgery. There was a high number of single parent families and many families were on low incomes. Ten percent of the population were unemployed compared with 4% nationally. There is one full time GP who provides nine sessions per week and a practice nurse who works one to two sessions a week. The GP was supported by a part-time practice manager and four part-time reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgery was provided between 6.30pm and 7.30pm every Wednesday. Urgent appointments as well as telephone consultations are also available daily. Out of hours services are delivered by another provider which can be directly accessed by calling the practice telephone number.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not do all that was practicable to ensure that systems in place kept patients safe.</p> <p>There was no failsafe system in place to follow up on children who had failed to attend three consecutive appointments.</p> <p>In addition, there was no effective recall system for patients who did not attend the practice for cervical screening or childhood immunisations when invited.</p> <p>Patient information was not consistently recorded within relevant patient clinical records.</p> <p>There was no evidence of safety alerts being actioned.</p> <p>The provider did not regularly attend local safeguarding meetings.</p> <p>Patients with long-term conditions were not subject to a systematic review of their condition.</p> <p>Similarly, there was no evidence of the provider having up to date guidance for administering travel and childhood vaccines.</p> <p>Finally, there was no evidence of care plans for patients experiencing poor mental health and no identification flag on the records of patients who were circumstances would make them vulnerable.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

The registered provider did not do all that was practicable to ensure that systems in place provided good governance.

This was evidenced through incomplete staff vaccination records which are required to be maintained in line with Public Health England guidance.

DBS checks had not been completed for all staff members and there was no risk assessment in place for staff with no DBS check in place.

Quality and clinical audits undertaken did not highlight enough impact on patient outcomes.

No clinical meeting minutes were held.

Documented evidence was not held on the frequency of checks conducted to ensure that the oxygen and defibrillator were fit for use.