

# Dr Raphael Rasooly

## Quality Report

Neasden, Greenhill Park & St Andrews Medical  
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Date of inspection visit: 7 November 2017  
Date of publication: 27/12/2017

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 service

Good



Are services effective?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Dr Raphael Rasooly's practice on 7 October 2016. The overall rating for the practice was good.

However we rated the practice as requires improvement for being effective and issued a requirement notice in relation to a breach of regulation 18. This was because the practice could not demonstrate it had sufficient nursing capacity to meet the needs of patients. We rated the practice as requires improvement for providing care to working age people (including those recently retired and students) because the practice's cervical screening uptake rate was low.

We also noted that the practice:

- had not fully embedded completed clinical audit cycles as a quality improvement tool
- was not always implementing non-clinical safety alerts
- carried out checks of its emergency medicines but had not identified a missing medicine
- had identified fewer than 1% of its patients as carers
- and did not actively share its vision and values with patients.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Raphael Rasooly on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 7 November 2017 to confirm that the practice had carried

out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 7 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good. We have also rated the practice as good for providing effective care and for the care provided to working age people (including those recently retired and students).

Our key findings were as follows:

- The practice had recruited a practice nurse since our previous inspection. The practice provided evidence to show it now had sufficient nurse capacity to meet the needs of patients.
- Since the recruitment of the nurse, the practice could demonstrate marked improvement in the cervical screening coverage of eligible patients.
- The practice carried out clinical audit as part of its quality improvement work. The practice provided evidence that audit was used to ensure that effective practice was being sustained.
- The practice provided evidence that it routinely circulated information about non-clinical safety alerts and acted on these when relevant.
- The practice carried out monthly checks of the emergency medicines which included a specific check of the quantity held in addition to expiry dates.

# Summary of findings

- The practice had increased the number of patients identified as carers from 67 at our previous inspection to 91 patients by the end of November 2017. The practice provided carers with appropriate support.
- The practice made information about its vision and values available to patients, for example in the patient waiting areas.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b>	
<b>People with long term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

# Dr Raphael Rasooly

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This review was carried out by a CQC inspector.

## Background to Dr Raphael Rasooly

Dr Raphael Rasooly provides primary care services to around 8,200 patients living in the areas of Harlesden and Neasden in North West London (part of the Brent Clinical Commissioning Group area) through a general medical services contract.

The practice runs two surgeries: the main surgery at Neasden Medical Centre and a branch surgery at Greenhill Park & St Andrews Medical Centre (Greenhill Park, London, NW10 9AR) which is located around two miles away. Patients have the option of attending either surgery for routine appointments. The main surgery offers a wider range of diagnostic tests.

The practice is owned by a GP principal (male) who works full time at the main surgery, alongside two regular locum GPs (male and female). The practice has recently recruited a practice nurse to work at the main surgery. The branch surgery is staffed by a salaried GP (female), a practice nurse and receptionists. The practice manager also attends both surgeries regularly.

In total the GPs provide around 23 clinical sessions each week across both surgeries.

- Neasden Medical Centre is open from 8am to 12:30pm daily. The surgery opens in the afternoon from 3pm to

6.30pm Monday to Wednesday and 3pm to 6pm on Friday. The surgery is closed on Thursday afternoon.

Extended hours appointments are offered at Neasden Medical Centre from 10am to 2pm every Sunday.

- Greenhill Park & St Andrews Medical Centre is open from 9am to 1pm and from 4pm to 6.30pm Monday to Friday.

When the practice is closed patients are directed to the local out-of-hours service or the NHS 111 service. Patients can also be seen out-of-hours at a local “hub”, that is, a designated practice in the locality providing primary care services in the evening and over the weekend.

The practice has a relatively high proportion of patients between the ages of 20-39, a lower than average proportion of patients over the age of 65 and serves an ethnically diverse population. Income deprivation levels and associated levels of health and social need are particularly high in the area of the branch surgery.

The practice is registered with the Care Quality Commission to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures and surgical procedures.

## Why we carried out this inspection

We undertook a follow up desk-based focused inspection of Dr Raphael Rasooly's practice on 7 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 October 2016, we rated the practice as requires improvement for providing effective services because the practice could not demonstrate it had sufficient nursing capacity to meet the needs of patients. We also noted that the practice had not completed any recent two-cycle audits demonstrating sustained improvements to practice.

These arrangements had significantly improved when we undertook this review. The practice is now rated as good for providing effective services overall and across all population groups.

### **Management, monitoring and improving outcomes for people**

The practice submitted a recent example of clinical audit for this review. This was an audit of the management of patients with raised ALT results (a test of liver function) following a patient complaint. The investigation of the complaint had not identified any problems in the way the practice had managed the case but the practice had decided to follow-up with a wider audit tracking all patients who had tested with raised ALT levels to ensure they had been appropriately managed. The audit confirmed that the practice had not missed any patients with abnormal test

results and had managed all cases in line with guidelines. In this case, the follow up audit did not result in changes to practice but was used to reinforce the practice's clinical approach to investigate all patients with a raised ALT.

### **Effective staffing**

Since our previous inspection, the practice had recruited a practice nurse to work at the main surgery. A nurse was now available at the main surgery four days a week. The practice provided evidence to show that there were sufficient appointments available to meet patient demand with nurse appointments typically available within 48 hours.

At our previous inspection we were concerned that the nursing vacancy at the main practice was adversely impacting on the practice's cervical screening uptake rate which was relatively low in both 2015/16 and 2016/17. For example in 2016/17, 47% of eligible women had a test result recorded in their records within the last five years compared to the clinical commissioning group area average of 76%. For this review, the practice provided evidence to show that the practice nurse had carried out on average 54 cervical smear tests per month since starting at the practice in April 2017. The practice also provided unverified data from its latest Quality and Outcomes Framework progress to date showing the overall uptake had increased over the previous year and had reached 55% by the end of November.