

Dr Yousef Rashid

Inspection report

Gascoigne Road
Barking
IG11 7RS
Tel: 08444772544

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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 to people's needs?	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 the 30th January 2019. At that time we rated the practice as inadequate overall and as a result of the rating the practice was placed in special measures.

We conducted a six month follow-up special measure inspection of the practice on the 23rd September 2019 and subsequently rated the practice as requires improvement for the key questions of safe and well-led, good for the key question of caring and responsive and inadequate for the key question of effective. This led to an overall rating of requires improvement. However, as key question effective remained rated as inadequate, the practice remained in special measures to ensure that people who use the service had the reassurance that the care they get should improve.

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 10 November 2020 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 23 September 2019.

This report covers our findings in relation to those requirements. We found that there had been continued improvement since our last comprehensive inspection in September 2019. These improvements included embedded system processes, regular policies and procedures reviews and new staff recruitment. However, there were still areas where the practice need to improve further including increased uptake for childhood immunisations and cervical screening.

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
- Information from the provider, patients and the public.

This provider continues to be rated as requires improvement

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 increased staffing through the recruitment of a new permanent part-time practice nurse and part-time clinical pharmacist.
- The practice had a vision but the vision was not supported by a credible strategy.

Overall summary

- Governance arrangements had improved evidenced through reviewed policies and procedures.
- The practice now had 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 management of safety alerts received, disseminated and who was responsible for actioning within the practice was not clear.

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

- Childhood immunisation rates were below the national target in three out of the four indicators.
- The nursing provision at provider continued not sufficient to address the need of the population groups.
- Uptake rates for the cervical screening programme were below the national target.
- The practice rate for two-week cancer referrals were below the national target.

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:-

- To identify whether the premises landlord had conducted a recent security risk assessment.
- To confirm with the premises landlord that actions required as a result of the last health and safety audit had been completed.
- Evidence clearly learning achieved by practice staff following complaints.

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.

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 2500 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 two hour session a week. The practice had access to a clinical pharmacist through the local Primary Care Network (PCN) who works at the practice one day per 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 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered provider did not do all that was practicable to ensure that systems in place kept patients safe:- There was no plan in place to achieve all four childhood vaccines national target. The chain of responsibility for actioning safety alerts was not clear. Care plans for patients experiencing learning disabilities were not completed consistently using current templates. There was no plan in place to achieve an uptake in cervical screening. The significant event log did not effectively detail the event reported and any learning gained.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider did not do all that was practicable to ensure that systems in place provided good governance:- The provider did not assess the impact on the quality of the service when deciding to make changes to the service, in particular with reference to the reduction in nursing hours and the inability to secure access to a female doctor for patients.