

# Dr Yousef Rashid

## Inspection report

Gascoigne Road  
Barking  
IG11 7RS  
Tel: 08444772544

Date of inspection visit: From 9 February to 1 March  
2022  
Date of publication: 18/03/2022

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?

Good



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

Following our previous inspection, on the 10 November 2020, the practice was rated Requires Improvement overall. The key questions were rated as inadequate for providing an effective service, requires improvement for providing a safe and well-led service and good for providing a caring and responsive service. At the inspection we issued a breach of Regulation 17 (Good Governance) and 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice, also remained in special measures because it had not made sufficient improvements.

The full report of the previous inspection can be found by selecting all reports linked for Dr Yousef Rashid on our website [www.cqc.org.uk](http://www.cqc.org.uk).

## **Why we carried out this inspection.**

We carried out an announced inspection at Dr Yousef Rashid practice, from the 9 February to 1 March 2022, to review the improvements made by the service in response to the breaches of regulation. The key questions we inspected were safe, effective and well-led.

During this inspection we also considered the management of access to appointments.

Overall, the practice is rated as Requires Improvement.

Safe - Good.

Effective - Requires Improvement.

Well-led – Requires Improvement.

## **How we carried out the inspection.**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

## **Our findings**

We based our judgement of the quality of care at this service on a combination of:

# Overall summary

- 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 Requires Improvement overall**

We found that:

- The practice had taken steps to mitigate risks to provide a safe service.
- The provider had increased the number of hours worked by the practice nurse and was in the process of developing a GP partnership at the practice. However, these changes had either not yet been implemented or fully embedded and therefore not resulted in improvements.
- The provider had made improvements in the uptake of childhood immunisations.
- However, further work was required to understand the lower cancer indicators against the local clinical commissioning group and England average data.
- A review of patient records found that patients had received effective care and treatment. However, in some cases, the record of the consultation in the patient notes would have benefitted from further explanation.
- The provider had responded to concerns regarding significant events and MHRA safety alerts.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Patients could access care and treatment in a timely way.

We found one breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Whilst we found no other breaches of regulations, the provider **should**:

- Include the responses to prevent the spread of COVID 19 in the infection prevention and control annual risk assessment.
- Implement a formal recovery plans in place to identify, manage activity and delays to treatment caused by the pandemic.
- Implement a formal protocol to assist reception staff to prioritise patient appointments.
- Improve the communication by staff of the opportunity for patients to see a female GP.
- Complete and embed the changes made at the previous inspection, such as the increased hours of the practice nurse and succession planning.
- Record the reasons for the vaccine fridge temperatures, when it is out of range of the national guidelines.

Due to the improvements made we have removed this practice from special measures.

**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

## Our inspection team

Our inspection team was led by a CQC lead inspector with the support of a second inspector, who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location.

## Background to Dr Yousef Rashid

Dr Yousef Rashid is located at:

Gascoigne Road,  
Barking,  
IG11 7RS.

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. At the time of the inspection the provider was not carrying out the activity surgical procedures.

The practice is situated within the North East London Clinical Commissioning Group (CCG) and delivers (Personal Medical Services (PMS) to a patient population of about 2,252. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called New West Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 23% Asian, 41% White, 27% Black, 5% Mixed, and 4% Other.

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 recently recruited practice nurse who will be working 24 hours a week. The practice had access to two clinical pharmacists through the local Primary Care Network (PCN) who worked at the practice one day per week. The GP was supported by a part-time practice manager and five 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.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

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 Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:-</p> <ul style="list-style-type: none"><li>• The practice did not have a system in place to ensure medication reviews included the review details in the consultation records.</li><li>• The practice did not have a system in place to review and investigate the lower cancer indicators against the local clinical commissioning group and England average data.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>