

# Dr Abdul-Razaq Abdullah

## **Inspection** report

Rainham Health Centre Upminster Road South Rainham Essex RM13 9AB Tel: 01708 796579

Date of inspection visit: 5 August 2019 Date of publication: 06/09/2019

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.

## Overall summary

We previously carried out an announced comprehensive inspection of Dr Abdul-Razaq Abdullah on 4 and 13 June 2019 and found that the practice was in breach of Regulation 12: 'Safe care and treatment' and Regulation 17 'Good governance' of the Health and Social Care Act 2008. In line

with the Care Quality Commission's (CQC) enforcement processes, we imposed conditions on the providers registration which required Dr Abdul-Razaq Abdullah to comply with those conditions Regulations by 31 July 2019. The full report of the 4 and 13 June 2019 inspection can be found by selecting the 'all reports' link for Dr Abdul-Razaq Abdullah on our website www.cqc.org.uk.

We carried out this announced focused inspection on 5 August 2019 to check whether the practice had taken action to satisfy the conditions we imposed on the providers registration. This report covers our findings in relation to those conditions and will not change the current ratings held by the practice.

At the inspection on 5 August we found the provider had taken sufficient action relating to the conditions we imposed on the providers registration.

Our key findings were as follows:

- The practice had met the condition of not registering any new patients at Rainham Health Centre except newly born babies, newly fostered or adopted children of patients already registered at Rainham Health Centre.
- The practice kept people safeguarded from abuse, it had undertaken a review to ensure all patients identified with safeguarding concerns were appropriately acted on and coded on the clinical system.
- The practice had formalised their arrangements for the ongoing monitoring of patients being prescribed medicines which require regular blood tests and did not prescribe high risk medicines without prior necessary blood tests being undertaken for patients.
- Medication reviews for patients prescribed high risk medicines and controlled drugs and patients with diabetes and chronic obstructive pulmonary disease had been undertaken.

- There was a system ensure that backlogs of overdue medication reviews did not reoccur, but it had not yet been evaluated to ensure it was sustainable.
- There was an effective system for the collection of prescriptions and to ensure prescriptions overdue for collection were escalated to the lead GP for action.
- Arrangements for the management of patient's blood test results were appropriate including a system to prevent backlogs of unprocessed blood test results.
- Systems were in place for the management of patient safety alerts, including Medicines and Healthcare products Regulatory Authority (MHRA) alerts but reviews of historical patient safety and MHRA alerts were limited.
- The practice had arrangements for appropriate summarising and coding of patients records and an action plan with timeframes detailing how and when this work will be completed.
- The practice had a system for the identification, recording and learning from significant events that needed to be further developed to ensure identification of trends and related action to improve safety.
- The practice had improved arrangements to ensure that all staff employed by the practice were appropriately trained and competent for the roles they performed, but further work was required such as to ensure sufficient staff training on sepsis.
- The practice had updated its recruitment process but further improvement was needed to ensure consistent compliance with the regulations, and to ensure effective induction arrangements for future new starter staff.

The areas where the provider should make improvements are:

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

#### Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and evidence table for further information.

## Population group ratings

### Our inspection team

The inspection was led by a CQC inspector who was supported by a General Practitioner specialist adviser.

## Background to Dr Abdul-Razaq Abdullah

Dr Abdul Razaq Abdullah surgery is located at Rainham Health Centre, Upminster Road South, Rainham, Essex, RM13 9AB. The premises are leased from North East London Partnership Trust and shared with other community health services. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury. The practice provides NHS services through a General Medical Services (GMS) contract to approximately 5,321 patients.

The practice's clinical team is led by the provider (the principal GP), who provides eight clinical sessions per week. A female locum GP provides three clinical session per week, usually all-day on a Tuesday and on a Thursday afternoon. A female advanced nurse practitioner carries out six sessions per week, usually all day on a Monday, Wednesday and Friday. The practice nurse who carries out the diabetic reviews works at the practice three days per week and is supported by a health care assistant. The clinical team are supported by a practice manager, two assistant practice managers and a team of administrators/receptionists.

Standard appointments are 10 minutes, with patients being encouraged to book double slots if they have several issues to discuss. The provider carries out home visits for patients whose health condition prevents them from attending the surgery. When the practice is closed, out of hours cover for emergencies is provided by Havering GP Federation and NHS 111 services. The practice is part of the wider network of GP practices in Havering. The practice scores five on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the

most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 80.4% white British, 65.8% Asian, 9.9% black, and 3.2% mixed and 0.7% other non-white ethnicities. The general practice profile shows that 43% of patients registered at the practice have a long-standing health condition compared to 51% nationally.