

# Dr Yousef Rashid

## Inspection report

Orchards Health and Family Centre  
Gasgoine Road  
Barking  
Essex  
IG11 7RS  
Tel: 02036671849

Date of inspection visit: 30 January 2019  
Date of publication: 29/03/2019

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.

### Ratings

#### Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Dr Yousef Rashid also known as Shifa Medical Practice on 29 December 2017 and rated the practice as requires improvement for the safe, effective and well-led key questions. This led to an overall rating of requires improvement. Breaches of legal requirements were found and requirement notices were issued in relation to patient safety and governance.

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](http://www.cqc.org.uk).

This inspection was an announced focused inspection which we undertook on 30 January 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 12 December 2017. This report covers our findings in relation to those requirements. We found that there had not been an improvement and the practice is now rated as inadequate overall and has been placed in special measures for a period of six months.

We have rated this practice as **inadequate** overall.

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.

Our key findings across all the areas we inspected were as follows:

- The practice had still failed to carry out Disclosure and Barring Service (DBS) checks on staff who acted as chaperones.
- Checks of medicines and related equipment stored in the practice were not carried out consistently to ensure that they remained safe and effective. We found some expired medical emergency equipment.
- The practice's performance remained below local and national averages for management of diabetes.
- Verbal complaints were not formally recorded and we did not see evidence that they had been discussed with staff. The practice did not carry out formal, minuted staff meetings.
- Practice policies had not been updated annually.

- Staff did not have all the required training and recruitment files did not contain the appropriate recruitment checks.
- There was no evidence that the practice nurse had medical indemnity insurance.
- Patient's medication reviews were not formalised and did not contain the required information.
- There was a lack of governance arrangements to ensure that quality assurance processes were in place which led to improvements in patient outcomes.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that persons employed at the practice have received appropriate training.

(Please see the specific details on action required at the end of this report). Note: Warning notices were issued to the provider following the inspection undertaken on 30 January 2019. This was to ensure that the provider was aware of our concerns and that action was taken quickly to address these concerns and mitigate risks to patients.

Requirement notices were issued for the additional concerns which related to breaches identified. The level of risk stemming from these concerns was not deemed to be sufficient to require additional enforcement action.

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

- Take steps to improve the uptake of childhood immunisations rates.
- Develop a process aimed at identifying patients with caring responsibilities to be able to provide appropriate support and signposting.
- Review staffing levels at the practice to ensure that there is sufficient capacity to complete all necessary tasks.
- Consider developing a structure for minuted staff meetings to take place, to facilitate lessons learned and improvements to be made.
- Take steps to develop and maintain care plans for patients with learning disabilities.

# Overall summary

I am placing this service in special measures. Services placed 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## 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 four reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>How the regulation was not being met:</b> Recruitment procedures did not ensure that clinical staff had appropriate indemnity for the role or had been appropriately trained. Staff had not received appropriate training for their roles. Not all staff had undertaken training in: information governance and basic life support. The GP had not undertaken safeguarding level 3. Staff appraisals did not contain information that demonstrated competency had been reviewed, nor did they contain staff feedback.

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	<b>WARNING NOTICE</b>
Maternity and midwifery services	How the regulation was not met:
Surgical procedures	Chaperones did not have a disclosure and barring service check and a risk assessment had not been carried out.
Treatment of disease, disorder or injury	Patient records did not contain all of the necessary information to mitigate against risks. Three patients on high-risk medication did not have blood tests recorded in their notes within the required timescales.
	We found two emergency medicines out of date and one stored incorrectly rendering it unsuitable for use. The provider did not have some medicines recommended for treating medical emergencies in primary care, and had not risk assessed their decision in this regard.
	We found seven items of emergency equipment that were out of date. We found equipment that had not been calibrated within the last year. We reviewed four staff files and found appropriate recruitment checks had not been undertaken prior to employment.
	None of the four files contained proof of identification, three did not contain employment references, two did not contain a signed contract and none of the four files contained employment history.
	The practice's GP had not undertaken training in child safeguarding level three which is the required level for a General Practitioner.
	Patient records were not always updated with information from the hospital including, changes to

This section is primarily information for the provider

## Enforcement actions

medication. We reviewed one record of a patient prescribed a contraceptive pill who had been issued repeat prescriptions without having had their blood pressure checked in two years.

We reviewed one record of a patient prescribed medicines to treat raised blood pressure without having had a kidney function test and two patients taking ACE inhibitors did not have a blood test result recorded in their notes.

We saw no evidence that weighing scales and the blood pressure monitor had been calibrated the past year. The practice had not actioned issues raised in their 2017 infection prevention and control audit.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **WARNING NOTICE**

How the regulation was not met:

The practice had not effectively monitored and made significant improvements in diabetes, HbA1c performance.

The practice did not maintain an at-risk register for vulnerable adults and children. In addition, there was no process in place to identify carers.

Practice policies had not been reviewed since 2016.

Verbal complaints remained unrecorded. Staff were not aware of a clear governance structure. There was no system to monitor staff training to ensure they were up to date.

Staff had not received training in information governance and basic life support. Staff appraisal documentation did not contain information that demonstrated competency had been reviewed, nor did they contain evidence of appraisee input.

There was no evidence that a clinician within the practice had completed training in: child safeguarding level two, basic life support, Mental Capacity act 2005 or information governance.

This section is primarily information for the provider

## Enforcement actions

There was no system to ensure all clinical staff members had medical indemnity cover which covers their work in the practice.

The practice did not have a programme in place to monitor quality improvements and subsequently make improvements. There was no system to routinely monitor the effectiveness and integrity of equipment and medicines.

There was no PAT testing of electrical items, no checking of emergency medicines and equipment calibration. An infection prevention and control audit was last carried out in November 2017.

Staff meetings were sporadic and not minuted. We found 12 uncollected prescriptions that were over three months old, and found seven dated between June and July 2018.