

# Dr Mohammed Fateh

## Inspection report

2 First Avenue  
Dagenham  
RM10 9AT  
Tel: 02085924082

Date of inspection visit: 09 June 2022  
Date of publication: 21/10/2022

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?

Requires Improvement



Are services effective?

Requires Improvement



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 inspection at Dr Mohammed Fateh on 09 June 2022. Overall, the practice is rated as Requires improvement.

Set out the ratings for each key question

Safe - Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led - Requires improvement

Following our previous inspection on 13 October 2016, the practice was rated Good overall and for all key questions. We found no breaches of regulations.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr Mohammed Fateh on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on concerns identified during a TMA call with the provider on 30 November 2020 and a subsequent DMA call on 06 April 2022 and covers our findings in relation to the actions we told the practice they should take to improve. We also inspected the branch site at Rainham Surgery. The Branch site shares the same patient list as the main site.

## 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 site visit.

## Our findings

# Overall summary

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, the public and other organisations.

**We have rated this practice as Requires Improvement overall.**

We found that:

- There were some areas of risk that were not effectively managed, related to risks in the main surgery building, particularly from fire safety.
- The provider did not have effective systems in place to review monitoring appropriately. We were not assured that patients were always receiving the correct care, treatment and monitoring for their conditions.
- Some performance data was below local and national averages. The practice had not met targets for cervical screening and childhood immunisations. However, there were robust recall systems and performance against these targets was continually reviewed and monitored.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- 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 evidence of quality improvement measures including clinical audits and reviews. There was evidence of action taken to change practice.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, the governance arrangements in place were not effective, especially in relation to identifying, managing and mitigating risks.
- There were arrangements to ensure that data or notifications are submitted to external bodies including CQC, as required.
- 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 breaches of regulations. The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report). 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 the provider **should** make improvements are:

- Continue to improve uptake for screening and immunisation programmes.
- Improve compliance with policies and procedures; for example, the fire safety policy.
- Review arrangements for meeting with the patient participation group.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff and completed clinical searches and records reviews on site.

## Background to Dr Mohammed Fateh

Dr Mohammed Fateh (also known as Dagenham Surgery) is located in Dagenham at 2 First Avenue, Dagenham, Essex RM10 9AT

The practice has a branch surgery called Rainham Surgery which is at 39 Frederick Road Rainham, Essex RM13 8NJ

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the NHS Barking and Dagenham Clinical Commissioning Group (CCG) and delivers (Personal Medical Services (PMS) to a patient population of about 5,903. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Barking and Dagenham East One Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three 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 70.5% white, 18.3% Black, 6.6% Asian and 3.3% Mixed.

There are three GPs who work at both practices, two GP partners and one locum GP. The practice has two practice nurses and a healthcare assistant who provide nurse led clinics for long-term condition at both the main and the branch locations. The GPs are supported at the practice by a practice manager and an assistant practice manager and a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

Dagenham opening hours are 8.00am to 6.30pm Monday to Friday (Tues 7.30pm). Rainham opening hours are 8.00am to 6.30pm Monday to Friday (Mon 7pm). Phone lines are open 8.00am -6.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the Barking and Dagenham CCG hub service at Broad Street Dagenham and at Barking Hospital, where late evening and weekend appointments are available. Out of hours services are provided by NHS111.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular;</p> <ul style="list-style-type: none"><li>• Patients had not always received appropriate physical health monitoring and follow-up in accordance with current national guidance.</li><li>• Ensuring that actions from the fire risk assessment had been completed and the premises at First Avenue was safe for use.</li></ul> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance to fundamental standards of care.</p> <p>The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. In particular,</p> <ul style="list-style-type: none"><li>• Ensuring that the premises were safe for use. Leaders had not assessed all risks and ensured actions identified were followed up appropriately.</li></ul>

This section is primarily information for the provider

## Requirement notices

- There was limited evidence that the leadership had prioritised actions sufficiently to improve stability and resilience or to put in place a succession plan for the leadership of the practice. It was not clear how they would meet rising demand and sustain current workload.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.