

# Dr Zulfikar Moghul

## Inspection report

200-202 Chadwell Heath Ln  
Chadwell Heath  
Romford  
RM6 4YU  
Tel: 02085487520

Date of inspection visit: 4 and 9 November 2021  
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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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced focused inspection at Dr Zulfikar Moghul (Grove Surgery) on 4 and 9 November 2021. Overall, the practice is rated as inadequate.

The ratings for each key question are as follows:-

Safe - Inadequate

Effective – Inadequate

Well-led – Requires Improvement

The provider and location was previously inspected in January 2017, when we rated the service as good overall.

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

## Why we carried out this inspection

This inspection was an announced focused inspection in line with our inspection programme of inspecting practices where there is indication of a change in the quality of care provided. Information obtained from our internal information systems alongside information provided by service users and external stakeholders prompted the inspection of this provider.

## 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:

- Conducting staff interviews using video conferencing
- 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 shorter site visit.

## Our findings

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

# Overall summary

- information from the provider, patients, the public and other organisations.

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

We found that:

- The provider did not have clear consistent processes for managing risks, issues and performance. For example, medicines management processes related to monitoring high-risk medicines and for people with long-term conditions.
- There were ineffective processes in place to facilitate ongoing monitoring of safety alerts received by the practice.
- The provider had limited evidence of quality improvement activities.
- Monitoring of the work of some clinical staff was not conducted to ensure quality and safety.
- The location had improved its uptake for cervical screening, but the uptake was still below the recommended 70% uptake.
- Unqualified staff coded patient records as having patient reviews with no evidence of clinical staff having completed the review.
- The provider did not have the appropriate authorisations in place for relevant staff to administer medicines.
- There was co-ordination with other organisations to provide care for patients, but this was not consistent.

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

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

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 a 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

## Our inspection team

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

## Background to Dr Zulfikar Moghul

Grove Surgery is based in Romford, Essex at:

200-202 Chadwell Heath Lane

Romford

RM6 4YU

The provider is registered with CQC to deliver the following Regulated Activities:-

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

The practice is situated within the Redbridge Clinical Commissioning Group (CCG) and delivers Primary Medical Services (**PMS**) to a patient population of about 9,600. This is part of a contract held with NHS England.

The practice is part of a wider network of the local GP Primary Care Network (PCN). This PCN is made up of six GP practices within this geographical area.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (6 of 10). The lower the decile, the more deprived the practice population is relative to others.

There is one male GP provider who is supported by a team of three salaried GPs who provide clinical care at the practice. Two clinical pharmacists work approximately four sessions a week. There is a practice nurse and one healthcare assistant who work varied sessions per week. The clinical staff are supported by a team of part-time reception staff and a practice manager. The local primary care network provides practice access to one clinical pharmacist who works at the practice one day per week.

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 a combination of telephone and face-to-face consultations.

The practice opening hours are as follows: -

- 8.00am to 8.00pm Monday to Thursday
- 8.00am to 6.30pm Friday

Extended access and Out of Hours services is provided by the local GP Hub network, where late evening and weekend appointments are available.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not do all that was practicable to ensure that systems in place provided good governance:-</p> <p>The provider did not assess the impact on the quality of service provided with reference to:-</p> <ul style="list-style-type: none"><li>• Reviewing existing processes to ascertain if these processes were adhered to by staff and regularly monitored to evaluate their relevance and effectiveness with reference to the lack of patient specific directions (PSD's) and patient group directives not being signed by a manager to allow relevant staff to work to them.</li><li>• Reviewing and acting upon the low achievement scores attributed to the practice from the most recent published National GP Survey.</li><li>• The lack of clinical oversight and monitoring of the work of the independent and primary care network pharmacist working at the practice.</li><li>• Reviewing and acting upon data to improve outcomes for patients</li><li>• Providing evidence of clear systems to encourage learning and continuous improvement.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not do all that was practicable to ensure that systems in place allowed safe care to be provided:-</p> <ul style="list-style-type: none"><li>• The provider did not ensure that only qualified staff undertook duties within their competence. With reference to non-clinical staff coding patient records with medicines reviews without reviews being conducted by a clinical member of staff and non-clinical staff advising patients of medicine dosage changes without clinical input.</li><li>• The provider did not ensure the monitoring of patients with long-term conditions was adequate. With reference to identifying and acting upon data which would prevent any further risk to patient's health as a result of a mis-diagnosis.</li><li>• The provider did not ensure that management of patients on high-risk medication was timely and effective. With reference to timely completion of blood tests and calculations of creatine levels for patients.</li><li>• The provider did not ensure that prescribing of medicines was consistent with national prescribing guidelines. With reference to incorrect prescribing of Metformin and Citalopram.</li><li>• The provider did not ensure that there were timely responses and/or follow up to requests from secondary care for further action. With reference to blood tests not conducted despite requests from hospital consultant.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	