

Dr B. Bekas

Inspection report

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Essex
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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions: effective and well-led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: safe, responsive and caring.

We had previously carried out the following inspections at Dr B Bekas:

November 2015 - an announced comprehensive inspection took place. The practice was rated as requires improvement overall, requires improvement for providing safe and effective services and rated good for providing caring, responsive and well-led services.

May 2016 – an announced focused inspection took place to check if sufficient improvements had been made following the November 2015 inspection. We inspected the safe, effective and well-led domains. The practice was rated as requires improvement for delivering safe and well-led services and good for providing effective services.

May 2017 – an announced focused inspection to check if sufficient improvements had been made since the May 2016 inspection. We inspected the safe and well led-domains and rated both as good.

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 and **requires improvement** for delivering well-led services and effective services. All of the population groups have been rated as **requires improvement** as the concerns found in the effective domain affected all of the population groups.

We have rated this practice as **requires improvement** for providing effective care because:

- There was no programme of quality improvement and no clinical audits had been carried out.
- Staff, including clinicians and administrative staff had not attended any SEPSIS training and therefore we could not be assured that patients attending the practice with symptoms would be followed – up appropriately.
- There was no procedure in place for following-up two-week wait referrals.
- The practice wasn't aware of the low cancer screening data and so there was no plan or interventions in place for improving uptake.

We have rated this practice as **requires improvement** for providing well-led care because:

- There was a lack of effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.
- There was no business continuity plan in place at the time of inspection, although this was sent to us after the inspection.
- Leaders could not evidence that there were systems and processes in place to ensure they were practicing in line with evidence-based practice.

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

- Develop systems and processes to enable the registered person to assess, monitor and improve the quality and safety of services being provided.

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

- Ensure there are systems and processes in place to ensure that clinicians are practicing in line with evidence-based practice.
- Continue to improve the uptake for childhood immunisations. Changed to a should as suggested and as per SpA feedback.
- Introduce systems and processes to increase the number of carers identified.
- Establish a regular multi-disciplinary team meeting to ensure patient care is co-ordinated.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated
Care

Population group ratings

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

Our inspection team

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

Background to Dr B. Bekas

Dr B Bekas surgery is located at 48, Argyll Road, Westcliff on Sea, SS0 7HN. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning and treatment of disease, disorder or injury.

Dr B Bekas is situated within the Southend, Castle Point & Rochford Clinical Commissioning Group (CCG) and provides services to approximately 1,800 patients under a contract between general practices and NHS England for delivering services to the local community.

The provider is a single - handed male GP and employs a regular female locum GP, a practice nurse and a team of administration staff. The practice is part of a primary care network, (PCN).

The practice population is slightly lower than the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are higher than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice patient list has a slightly higher than the national average for those with long standing health conditions and lower disability allowance claimants. The practice has less patients living in care homes than the national average.

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 17 HSCA (RA) Regulations 2014 Good governance There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • There was no programme of quality improvement and no clinical audits had been carried out. • Staff, including clinicians and administrative staff had not attended any SEPSIS training and therefore we could not be assured that patients attending the practice with symptoms would be followed – up appropriately. • There was no procedure in place for following-up two-week wait referrals. • The practice was not aware of their low cancer screening data and so there was no plan or interventions in place for improving uptake. • Leaders could not evidence that there were systems and processes in place to ensure they were practicing in line with evidence-based practice.