

# Dr B. Bekas

## Inspection report

48 Argyll Road  
Westcliff On Sea  
SS0 7HN  
Tel: 01702432040

Date of inspection visit: 23 May 2022  
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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

Good



Are services effective?

Requires Improvement



# Overall summary

We carried out an announced inspection at Dr B Bekas on 26 May 2021. The practice was rated good overall; however, they were rated as requires improvement for providing effective services.

The report for the May 2021 inspection can be found by selecting the 'all reports' link for Dr B Bekas on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection, carried out on 23 May 2022 was a desk-based review to confirm that the practice had made the necessary improvements in the areas we identified at our previous inspection in May 2021.

We based our judgement of the quality of care at this service on a combination of:

- Information sent to us from the provider.
- information from our ongoing monitoring of data about services.

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

- at the **previous** inspection we identified the following areas where improvement was required:
- the practice had not met the minimum 90% uptake target for four out of the five childhood immunisation indicators
- cancer screening data was lower than the Clinical Commissioning Group (CCG), average uptake and below the England average uptake.
- the number of agreed care plans for people experiencing poor mental health was below the local and national averages.
- at **this** inspection we found:
- the practice had not met the World Health Organisation (WHO), uptake target for one of the childhood immunisation indicators, but had met the other four targets, achieving 100% uptake.
- cancer screening data, including, breast, bowel and cervical cancers remained lower than the Clinical Commissioning Group (CCG), average uptake and below the England average uptake.
- no information was provided regarding the number of agreed care plans in place for people experiencing poor mental health
- there were no action plans in place to improve performance in these indicators and the practice did not provide any evidence on the day of the inspection. The practice was given further time to provide evidence of any improvement but did not do so.

We found one breach of regulations. The provider **must**:

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

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

**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.

## Background to Dr B. Bekas

Dr B Bekas

48 Argyll Road

Westcliff on Sea

Essex

SS0 7HN

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

The practice is situated within the Southend CCG and delivers General Medical Services (GMS) to a patient population of about 2,100. This is part of a contract held with NHS England.

This practice is a single-handed male GP and employs a practice nurse and a small team of administrative staff.

The practice is part of a Primary Care Network, (PCN), which is made up of six local practices.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (two 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 86% White, 6% Asian, 4% Black, 3% Mixed and 1% Other.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally, where late evening and weekend appointments are available. Out of hours services are provided by the 111 service.

## 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment of disease, disorder or injury<br>Surgical procedures<br>Diagnostic and screening procedures<br>Family planning services | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes that operated effectively to ensure compliance with requirements to demonstrate good governance. In particular:</p> <p>There was no action plan in place to address the areas in the previous inspection that required improvement.</p> <ul style="list-style-type: none"><li>• There was no monitoring or oversight of performance for the uptake of childhood immunisations.</li><li>• There was no monitoring or oversight of performance for the uptake of bowel, cervical and breast screening.</li><li>• There was no monitoring or oversight of the number of care plans in place for people with poor mental health.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |