

Dr B. Bekas

Quality Report

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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 service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This inspection of Dr B. Bekas was carried out on 3 May 2017 and was to check improvements had been made since our last inspection on 24 May 2016. Following our May 2016 inspection the practice was rated as requires improvement overall. Specifically they were rated as requires improvement for safe and well-led and good for effective.

The full focused report on the inspection can be found by selecting the 'all reports' link for Dr B. Bekas on our website at www.cqc.org.uk.

As a result of our findings at this inspection we took regulatory action against the provider and issued them with requirement notices for improvement.

Following the inspection on 24 May 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations.

At this inspection we found that the improvements had been made across all areas of concern. Overall the practice is now rated as good.

Our key findings were as follows:

- Significant events were reported and fully investigated with actions identified to minimise reoccurrence. Lessons learned were shared at relevant meetings within the practice.
- There was a recruitment and induction process in place for both permanent and locum staff which included, where relevant, checks on professional registration, insurance and hepatitis B immunity status. The process also ensured that checks were completed to ensure that newly appointed staff were of good character and had suitable skills, knowledge and experience.
- We found there was a system in place to ensure that all equipment was safety tested and calibrated correctly.
- Cleaning materials were stored securely and appropriately.
- Written and verbal complaints were investigated and responded to appropriately.
- There were systems in place to monitor and improve the quality and safety of the services provided. This relates to systems for investigating and learning from when things go wrong and using this learning to reduce risks to patients and improve the service.

However, there was an area of practice where the provider needs still to make improvement.

The provider should:

Summary of findings

- Ensure that copies of staff meeting minutes are easily accessible to staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for the investigation of significant events. Following investigation the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future. Where significant events were discussed within a meeting, the meeting minutes did not always clearly show the learning. Staff were not aware of how to access minutes of past meetings.
- When things went wrong, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as an apology. If there was a delay in the outcome of the investigation, the practice manager informed us that they would contact the complainant to let them know this and the reason for the delay.
- Cleaning materials were stored securely and appropriately.
- The practice had a system in place for the recruitment of permanent and locum staff

Are services well-led?

The practice is rated as good for being well-led.

Good



- There was a leadership structure in place. The issues identified at the last inspection had been dealt with. Any queries raised throughout the day were dealt with immediately.
- There were systems in place for sharing lessons learned from significant events and complaints in order to improve the service provided.
- The practice had systems in place for monitoring and assessing the quality of services and level of demand provided through regular monitoring activities.
- Staff felt able to raise concerns and also give suggestions for improvements to the running and development of the practice.
- There was a system in place to ensure that all equipment was safety tested and calibrated correctly.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr B. Bekas

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr B. Bekas

Dr B. Bekas is located on the London Road in Westcliff on Sea, Essex. The practice provides services for approximately 1595 patients living within the Westcliff on Sea area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Mid Essex Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

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.

The practice is managed by one individual male GP who holds financial and managerial responsibility for. The practice also employs one nurse practitioner and one nurse, both of whom are female. A practice manager is also employed and is supported by two receptionists who complete administrative work. All staff at the practice work

on a part time basis. The practice use a regular female locum GP and female locum nurse practitioner, these staff support the main GP in providing a service across the week. The main GP is not present all day every day but acts in an on call capacity when there is no registered GP on the premises.

The clinic hours vary according to the day. The practice is open between 9am

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 via the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We undertook a focused inspection of Dr B. Bekas on 24 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

The full focused report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr B. Bekas on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr B. Bekas on 3 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement notices we had given them.

We carried out an announced visit on 3 May 2017.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

What we found at our previous inspection

At our previous inspection on 24 May 2016 we rated the practice as requires improvement for providing safe services. Although reviews and investigations of incidents were completed there was limited evidence of learning. Systems for calibrating diagnostic equipment were insufficient and cleaning materials were not stored securely or safely. All necessary recruitment checks had not been completed for staff.

These arrangements had improved when we undertook a follow up inspection on 3 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform one of the GP partners of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant incident forms and the evidence of the analysis showed that when a significant incident occurred: a thorough investigation was completed, the person affected was informed of the incident, given information and appropriate support. A verbal apology was given which outlined any actions taken to prevent the same thing happening again.
- All significant events were discussed at the next clinical meeting to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incident relating to a patient's access to medicines following release from prison. Changes in prison protocol affected the practice's ability to prescribe the required medicine. This incident was fully investigated and actions to be taken identified.

- Where significant events were discussed within a meeting, the meeting minutes did not always clearly show the learning. Staff were not aware of how to access minutes of past meetings.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe.

- There had been no new permanent staff employed since our previous inspection. We looked at the personnel file and found appropriate recruitment checks had been undertaken prior to employment for both permanent and locum staff. For example, references, registration with the appropriate professional body, appropriate checks through the Disclosure and Barring Service and hepatitis B immunity status.

Monitoring risks to patients

Risks to patients were assessed and managed.

- We found that cleaning materials were stored securely and appropriately.
- We discussed staffing numbers and skill mix with both the practice manager and the GP. They told us that they used regular locums who were staff at other practices and bank staff to cover periods of absence. They had recently increased the amount of staff at the practice.
- We found that although there was at times no GP present onsite the main GP was available on call. Staff told us that if a situation arose where staffing numbers were not sufficient to protect the patient they would ask them to return to the practice another time. For example, if the practice nurse needed to give an antibiotic they would either contact the GP to complete an electronic prescription or they would ask the patient to return another day. Another example given was if a patient requested a chaperone however the only members of staff onsite were the GP and one receptionist then they would ask the patient to rebook for another time.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

What we found at our previous inspection

At our previous inspection on 24 May 2016, we rated the practice as requires improvement for providing well-led services as the overarching governance arrangements needed improving.

These arrangements had improved when we undertook a follow up inspection on 3 May 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a vision to offer equality of service to all members of the population without prejudice.

Governance arrangements

We found that the governance systems in place had been strengthened since our last inspection. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The framework outlined the structures and procedures in place and ensured that:

- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.
- There were systems to ensure that equipment was safe and calibrated correctly.
- Staff were made aware of the practice performance and other issues, such as significant incidents and complaints, through meetings where these were discussed.
- There were systems in place to monitor, review and improve the practice performance through national comparison data, review of admissions data, outcomes of complaints and significant events, and through working with the local medicines management team.

Leadership and culture

The culture of the practice was friendly, open and honest. Staff told us that management were approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice completed a thorough investigation.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- We found that the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues and felt confident in doing so. Summary minutes were available however some staff were not sure of how to access these. Staff felt able to give suggestions about how to run and develop the practice.
- Staff felt supported.

Continuous improvement

The practice had engaged with NHS England over future plans to develop the services offered by the practice and the patient groups they served. As a result of this engagement they were increasing their number of staff and considering what space they required to offer services whilst maintaining the standard of care for existing patients.