

## Bupa Occupational Health Limited

# Bupa Centre - Battle Bridge House

### Inspection report

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Date of inspection visit: 28 March 2018  
Date of publication: 29/05/2018

### Overall summary

We carried out an announced comprehensive inspection on 23 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Prior to our inspection patients completed CQC comment cards telling us about their experiences of using the service. Nine people provided wholly positive feedback about the service.

#### **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.

# Summary of findings

- There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were areas where the provider could make improvements and **should**:

- Review safeguarding training requirements in line with the services new safeguarding policy.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- There was an effective and comprehensive system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place to identify, report, investigate, learn and inform patients when things went wrong with care and treatment.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Clinical audits were used to demonstrate the quality of care provided and there was evidence of actions taken to improve quality.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, which maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive and this aligned with the views of patients collected by the service.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

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- Information about how to complain and provide feedback was available and there was evidence that systems were in place to respond appropriately and in a timely way.
  - Treatment costs were clearly laid out and explained in detail before treatment commenced.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision to deliver high quality care for patients.
  - There was a clear leadership structure and staff felt supported.
  - The service had policies and procedures to govern activity and held regular governance meetings.
  - An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
  - Staff had received inductions, performance reviews and up to date training.
  - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
  - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
  - The service had systems and processes in place to collect and analyse feedback from staff and patients.
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# Bupa Centre - Battle Bridge House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection was led by a CQC inspector with a GP specialist advisor, a nurse specialist advisor and a second CQC Inspector.

Bupa Centre – Battle Bridge House is the registered location of Bupa Occupational Health Limited. CQC regulated services offered from the location include mammography and private GP services. The service also offers the following which are not covered under the scope of our registration and as such were not inspected or reported on: health assessments, musculoskeletal and workplace health services. Services are only available to adults over 18 years of age.

The service is located in a purpose built property with street level access into a reception and waiting area servicing the whole building. The building is fully accessible with lifts to all floors and accessible facilities. Patients are directed to the health assessment and private GP service floor with a separate reception and waiting area, staff offices, facilities and consultation rooms. Patients are escorted to the mammography service located in the basement level.

Services are available to any fee paying patient. Services can be accessed through a membership plan or on a pay per use basis.

Services are available by appointment only between 7.30am and 6pm Monday to Friday.

The location is operated by a centre manager and the location's CQC registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The centre manager is supported by clinical and administrative leads. The clinical team is led by a lead physician with a team of ten GPs. There are two radiographers, nine health advisors and one physiotherapist. The administrative team is led by an administration manager with a team of four administrative and reception staff. Those staff who are required to register with a professional body were registered with a licence to practice.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including GPs, service managers and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

The service had systems to keep patients safe and safeguarded from abuse.

- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. All staff had received training to level 1 or 2 dependent on their non-clinical or clinical role. The organisation had also reviewed their safeguarding policy and whilst the service was not available to those under 18 years of age this review included the requirement for all clinical staff to be trained to child safeguarding level 3.
- Staff checks were carried out at an organisational level, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

- There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- Emergency equipment and medicines available were in line with recognised guidelines. Staff checked medicines and equipment to make sure these were available, within their expiry date, and in working order and kept records of these checks.
- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available.
- The service had systems for sharing information with staff and other agencies, including patients' NHS GPs, to enable them to deliver safe care and treatment.
- Referral and information sharing letters included all of the necessary information.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address, verified at time of registration.
- Services were not available to those under 18 years of age.

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

# Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- The service audited the prescribing of medicines to ensure they were being used safely and followed up on appropriately, in line with national institute for health and care excellence (NICE) guidelines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity to understand risks and where identified, they made necessary safety improvements.

## Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were comprehensive systems for reviewing and investigating when things went wrong. The service had recorded 93 significant events and incidents across all aspects of the service in the last 12 months which were recorded through a bespoke risk management system introduced as a way to improve risk management. We reviewed the system and found the service had learned and shared lessons, identified themes and had taken action to improve safety in the service. For example, a patient had attended the service to speak to a doctor regarding the results of a scan. The results of this scan were normal and this was reported to the patient, however the doctor had not identified separate results included in the report relating to other abnormalities. These results were later identified as part of the service's failsafe results checking system, the doctor was informed, the patient was contacted by the doctor and had a full explanation and was referred onwards for specialist care and treatment. The incident was recorded, investigated and the learning shared across the organisation to prevent the same thing happening again.
- There was a system for receiving, reviewing and where necessary acting on safety alerts including patient, medicine and device safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The service conducted a range of audits to ensure diagnosis and treatment were in line with national guidelines and organisational protocol.
- The service described multiple audit examples where practice had been reviewed and improvements made including extended appointment times for discussing test results.
- The service had conducted an audit to ensure controlled drug prescribing was in line with guidelines. The organisation had identified that some medicines being prescribed were for long term conditions and were therefore less appropriate for the ad hoc GP service offered. The service reviewed 638 prescriptions and identified 16 prescriptions for medicines requiring blood monitoring tests. The review found that these prescriptions were issued to patients already having the care of their long term conditions monitored elsewhere; however the service reviewed their prescribing policy to further restrict the issuing of prescriptions for these medicines without clear access to appropriate blood test results. The findings were also discussed at a

doctors meeting, doctors were allocated 15 minutes protected learning time to read the new policy, and a further audit cycle was planned to review the effectiveness of the new policy.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including patients' NHS GPs and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.

Where patients' consent was provided, all necessary information needed to deliver their on-going care was appropriately shared, in a timely way and patients received copies of referral letters.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may be in need of extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

# Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments and services.
- Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately through patient record checks.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the nine patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This is in line with other feedback received by the service.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care:

- Interpreter services were available for patients who did not have English as a first language.

- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website provided patients with information about the range of treatments available including costs. Further information was available from the central booking line.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of the reception and waiting area allowed for privacy when reception staff were dealing with patients. Staff could also use available rooms to discuss private matters where necessary.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' care records were securely stored and accessed electronically.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- Patients could be seen outside of normal working hours with early morning and evening appointments.
- Appointments were often available the same day.
- The facilities and premises were appropriate for the services delivered.
- Interpreter services were available for those patients who did not have English as a first language.

### Timely access to the service

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- The service was open between 7.30am and 6pm Monday to Friday. Opening hours were displayed on the service website.
- The provider did not offer out of hour's care; however patients could book early morning and evening appointments.
- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.
- The service's own patient feedback data showed that patients' satisfaction with how they could access care and treatment was consistently high.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The centre manager was responsible for dealing with complaints and the service had a complaints policy providing guidance for staff on how to handle a complaint. The service used a computer system to record and analyse complaints, concerns and feedback including written and verbal feedback.
- There was information available in the premises and on the service website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had received 17 complaints in the last 12 months.

There were systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service. We reviewed these systems and processes and found complaints were handled appropriately, in a timely manner and with transparency. Most complaints and concerns were dealt with immediately at time of raising and often were the result of central booking issues, with patients being satisfied to be re-booked for a different time or service.

# Are services well-led?

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

## Our findings

We found that this service was providing well-led care in accordance with the relevant regulations

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the organisational strategy and address risks to service delivery.
- They were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable, especially since the management office now operated from the same floor as the patient service.
- Managers had support from local area managers and peers.
- Managers took part in weekly calls sharing best practice across the organisation as well as six-monthly manager away days.

### Vision and strategy

The service had adopted the organisational vision and strategy to deliver high-quality care.

- There was a clear vision and set of values with a strategy and supporting business plans to achieve priorities.
- The provider reviewed and developed its vision, values and strategy with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### Culture

The service had a culture of providing high-quality care.

- Staff stated they felt respected, supported and valued. They were happy and proud to work in the service.
- The service focused on the needs of patients.

- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were clear development processes for all staff including career progression. All staff had received an appraisal or performance review in the last year, including regular one to one meetings.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff, the service managers, clinicians and business leaders.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Organisational structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had adopted and established policies, procedures and activities to ensure safety and assured themselves and the provider that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address risks including risks to patient safety.

# Are services well-led?

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

- Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits were used to demonstrate the quality of care provided and there was evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff for major incidents, including buddy arrangements with the provider's other locations.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings.
- The service used information from their computer system to monitor the quality of care provided.
- The service submitted information or notifications to external organisations as required, including patient referrals.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

## **Engagement with patients, the public, staff and external partners**

The service involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. The mammography service lead radiographer had conducted a survey with mammography service users and was working with the organisational communications department to produce a suite of information aimed at increasing uptake of mammography screening and improving the patient experience.
- The service collected and reviewed patient feedback about the services provided which was consistently positive.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.