

# Bupa Occupational Health Limited

# Bupa Centre – Austin Friars

## Inspection report

2-6 Austin Friars  
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Date of inspection visit: 5 September 2018  
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### Overall summary

We carried out an announced comprehensive inspection on 5 September 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 centre was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Bupa Centre – Austin Friars is registered with the Care Quality Commission to provide the regulated activities of Diagnostic and Screening procedures; Transport, triage and medical advice provided remotely and Treatment of disease, disorder or injury. The address of the registered centre is Bupa Austin – Centre Austin Friars, 2-6 Austin Friars, London, EC2N 2HD. <https://www.bupa.com>.

The centre manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the centre. 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 centre is run.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received at the centre.

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

- The centre routinely reviewed the effectiveness and appropriateness of the care it provided.
- The centre had a clear system for managing and learning from complaints and incidents. However, they were not following their own policies regarding the

# Summary of findings

timescales in which incidents should be managed. Learning from complaints and incidents was widely shared among all staff and other relevant organisations.

- The centre had a programme of audits carried out by the organisation's quality improvement team. Additionally, the centre undertook ad-hoc local audits.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

- The centre had an overarching governance framework in place, including policies and protocols which had been developed at corporate level.
- The centre had good systems to manage risk so that safety incidents were less likely to happen.

There were areas where the provider should make some improvements.

The provider should:

- Investigate incidents in line with the organisation's policies and procedures.
- Improve ways to have an internal process to improve clinicians' individual performance.

# Bupa Centre – Austin Friars

## Detailed findings

### Background to this inspection

Bupa Centre – Austin Friars is a part of Bupa, the private healthcare group. The centre operates between two floors and consists of seven doctor consulting rooms, an administrative room, patients' changing and shower facilities, staff changing room, a health assessment room, radiography room, exercise laboratory, blood laboratory and physiotherapy room. The centre has 29 members of clinical and non-clinical staff. This includes, a centre manager, who has overall responsibility; a health advisor, who manages the health advisor team; a lead physician, who manages the GP team; an administrative team leader, who manages the administrative team. The centre also has a radiographer and physiotherapist. The centre is supported by a central Bupa clinical, operational and governance team.

The centre only sees patients above the age of eighteen. Services are by appointment only for health assessments, specialist assessments, GP and musculoskeletal services. Opening times are Monday to Friday between 7:45am and 6pm. The centre is closed on Saturday and Sunday. On average, the centre carries out three GP appointments per day.

We carried out an announced comprehensive inspection at Bupa Centre – Austin Friars on 5 September 2018. Our inspection team was led by a CQC Lead Inspector. The other member of the inspection team was a GP specialist advisor.

During our visit we:

- Spoke with the lead clinician and administrative staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the centre.

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 centre had clear systems to keep people safe and safeguarded from abuse.

- The centre conducted safety risk assessments. It had safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the centre as part of their induction and refresher training. The centre had systems to safeguard children and vulnerable adults from abuse. Staff we spoke with were clear about their responsibilities and could outline whom they should report concerns to.
- The centre took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, there was safeguarding information and contact numbers in the administration room for staff to contact.
- All staff had received up-to-date safeguarding training for children and adults at a level appropriate to their role. Staff knew how to identify and report concerns.
- Disclosure and Barring (DBS) checks were undertaken for all staff. (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).
- Only clinical staff that had undergone chaperone training and had received a DBS check acted as chaperones and arrangements were in place for a chaperone to be available if requested.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, two references, proof of qualifications, and registration with the appropriate professional body.
- The centre ensured that facilities and equipment were safe and that equipment was maintained according to the manufacturers' instructions. There were systems for safely managing healthcare waste.

- The premises were cleaned daily by an external cleaner. A formal cleaning schedule was in place at the time the inspection. Single use clinical supplies were used.
- Records showed a risk assessment process for Legionella with appropriate processes in place to prevent contamination.
- An infection prevention and control (IPC) audit had been undertaken within the previous 12 months and staff had undertaken IPC training. An IPC lead with appropriate training had been identified. Curtains were maintained inline with current National guidance.
- Portable appliance testing (PAT) was carried out by an external centre annually.

### Risks to patients

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

- Appropriate indemnity arrangements were in place to cover potential liabilities that may arise.
- There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an effective induction system for staff tailored to their role.
- The centre was equipped to deal with medical emergencies. Resuscitation equipment and emergency medicines were readily available and clinical staff were suitably trained in emergency procedures. Annual basic life support training was undertaken by all staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinical staff knew how to identify and manage patients with severe infections. All clinicians had received training on sepsis.
- Staff had access to information relating to the steps the business will take in particular scenarios that might interrupt their day to day operations. This included emergency contact numbers.

### Information to deliver safe care and treatment

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

- All patients were required to complete a comprehensive registration form prior to their first appointment. This included the patient's personal details, past medical

# Are services safe?

history, GP details and a signature. Patients' age was confirmed by asking for verbal verification of their date of birth. This was checked against the information held on the centre's computer system.

- Patient records were maintained electronically and were password protected. The computer server was located at the centre in a locked ventilated room.
- The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.
- The centre had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referral letters included all of the necessary information.
- There was an appropriate system for the management of test results.

## Safe and appropriate use of medicines

Systems for the safe handling and storage of medicines were adequate to ensure they remained safe and effective to use.

- The centre had an appropriate Cold Chain Policy and procedure in place for the management of vaccines and other medicines stored in the fridge. There was information available to staff to inform them of the correct procedure for monitoring fridge temperatures and action to take if temperatures fell outside of the acceptable range.
- Fridge temperatures and the resetting of the fridge temperature thermometer were monitored and recorded daily. We viewed the temperature monitoring log and saw no incidents of temperatures falling outside the recommended range.

- The systems for managing and storing emergency medicines, oxygen and equipment were appropriate.
- Annual servicing and calibration was carried out to reassure the provider that the fridge thermometer was functioning appropriately.

## Track record on safety

- Activity was monitored and reviewed in order to understand risks and provide a clear and current picture to identify safety improvements.
- There were risk assessments in relation to safety issues within the premises, such as health and safety, and fire safety.

## Lessons learned and improvements made

The centre learned and made 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. Nonetheless, the centre deviated from their policies in relation to the required timescale in which incidents should be investigated and closed.
- There were adequate systems for reviewing and investigating when things went wrong. The centre learned and shared lessons, identified themes and acted to improve safety in the centre.
- The centre learned from external safety events and patient safety alerts. The centre had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# 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

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. The centre had a system in place to keep clinicians up to date with current evidence-based practice.

- Patients' needs were fully assessed.
- During registration, new patients were asked to complete a detailed health questionnaire which included past medical history and family history.
- 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.
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### Monitoring care and treatment

- Quality improvement activity was carried out annually by Bupa's central quality improvement team.
- To supplement the annual audits, the centre conducted local ad-hoc audits to review the centre's effectiveness and make improvements. For example, in March 2018 the lead physician carried out an audit to identify areas for improvement to patient care. The result led to the lead physician identifying areas for professional development which led to the undertaking of additional training by the lead physician. A repeat audit cycle was conducted, after the training, in April 2018 which showed a 10% improvement on the initial findings.
- In addition, an audit of GP prescribing was undertaken with the aim of reviewing the prescribing patterns amongst Bupa GPs and health screening doctors before and after the new Bupa prescribing policy, which was introduced in March 2018 and disseminated to doctors in April 2018. The policy stipulated that Bupa GPs may prescribe for patients during GP appointments and health assessments, in accordance with the Bupa prescribing policy. However, the majority of prescribing should take place during NHS GP appointments. The first cycle audit was conducted in December 2017 and showed a total number of 41 patients had received a prescription within the month; two of the prescriptions

were regarded as inappropriate; a prescription for sertraline and amitriptyline (both medications are used for depression, the latter is also used to treat pain). These instances had not been recorded as significant events on the organisations risk recording system.

For the month of December 2017, nine patients were identified as having been prescribed during a health assessment. A second cycle of audit was undertaken in June 2018. This revealed an increase in the number of prescriptions issued during health assessments from 22% during the first cycle to 38% in June 2018. As a result of the audits, the centre decided to continue regular monitoring of its prescribing within health assessments and included a review of the prescribing of GPs at other Bupa centres as a comparison .

- We also reviewed two clinical records audits carried out July 2018. Both demonstrated good documentation within clinical records and listed areas that required action.

### Effective staffing

- The centre provided an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- There was an induction log in each staff file, signed off when completed. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed. Staff had access to and made use of e-learning training modules, in-house training and external training.
- An appraisal system was in use to ensure competency was demonstrated and reviewed.

### Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between centres and when they were referred.
- The patient registration requested the details of patient's GP and encouraged them to consent to the centre sharing information with them. The lead physician confirmed that patients were referred to an NHS or private health service when required. The centre had a referral form to make referrals and had

# Are services effective?

(for example, treatment is effective)

appropriate referral pathways. There was evidence of written communication between the centre and patients' NHS doctors. Once a referral was made a copy of the letter was stored in the centre's patient management system.

- An information guide was given to all patients when registering; this included details of the services provided and cost.

## **Supporting patients to live healthier lives**

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The centre identified patients who may be in need of extra support and directed them to relevant

services. This included patients at risk of developing a long-term condition. We reviewed nine cases where patients were referred and saw that the information provided was sufficient.

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## **Consent to care and treatment**

- The centre obtained consent to care and treatment in line with legislation and guidance. We looked at the care records of three patients who had health assessments carried out in the last 12 months. Patient consent forms were completed fully and signed appropriately.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

# 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.

- We observed staff were respectful and courteous to patients.
- The patients we spoke with were positive about the care and treatment they received and emotional support provided by staff.
- Patient feedback received from a patient survey was positive for all aspects of the centre.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the centre received from both clinical and support staff at the centre. Some patients specifically commented on the professionalism of staff and having their needs totally catered for.

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

- The centre was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Patients were involved in decisions about their care and treatment.
- Interpretation services were available for patients who did not have English as a first language.
- Patients had access to a hearing loop at reception if required.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

### **Privacy and Dignity**

- Staff gave matters of dignity due consideration. For example, doors were closed during consultations and staff knocked on doors and waited for permission before entering. Conversations with doctors could not be overheard by patients in the waiting room.
- Privacy screens were available when required.
- The centre offered a chaperone for patients by staff who had received chaperone training and a DBS check.



# 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 centre organised and delivered services to meet patients' needs and preferences. For example, in response to patient feedback the centre arranged for the refurbishment of the premises.
- The facilities and premises were appropriate for the services delivered.
- Appointment times were scheduled to ensure peoples' needs and preferences were met.
- The centre's website contained a range of patient information relating to services provided and general health and well-being information. This included, information on mental health and dementia. There was an online appointment booking system.

### Timely access to the centre

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Feedback from patients showed that they felt the appointment system was easy to use.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed three complaints and found that they were satisfactorily handled.
- The centre learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. Learning from complaints and other patient feedback was shared across Bupa centres by way of an internal bulletin.
- Incidents and significant events were discussed at board meetings. However, not all incidents had been recorded on the provider's web-based incident reporting and risk management software. We reviewed four of the centre's most recent meeting minutes and found that the requirement to report all incidents and significant events on the recording system was a standing item.

# 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.

- Staff at Bupa Centre told us that leaders at all levels were visible and approachable, and that they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Managers at the centre were knowledgeable about issues and priorities relating to the quality and future of the centre.

### Vision and strategy

The centre had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The centre had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Learning from these incidents was shared with the team and across other Bupa centres. There were positive relationships between staff and teams.
- 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 processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. We

reviewed the centre's September 2018 doctors' team meeting minutes which showed that clinicians had discussed the possibility of implementing the practice of peer reviewing within the centre. However, the doctors felt that there was no additional time to carry this out.

### Governance arrangements

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

- The centre benefitted from Bupa's organisational structure and support which had established comprehensive policies, procedures and activities to ensure safety.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared priorities promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

### Managing risks, issues and performance

There were clear processes for managing risks, issues and performance. However, there were areas where the provider should make improvements.

- There was an organisational process to identify, understand, monitor and address current and future risks including risks to patient safety. We reviewed eight incidents recorded on the organisation's risk register. Whilst the issues had been addressed in seven of the incidents, they had not been recorded within the timeframe of the organisation's incident reporting policy timeframe .

We also reviewed a serious incident logged at the centre, in which an incorrect diagnostic screening had been forwarded to a hospital. At the time of inspection, the incident was under investigation and had two related actions which were not completed within the recorded timeframe. The remaining six incidents had been addressed by the provider but did have their

# Are services well-led?

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

record completed on the risk register within the required timeframe and did not provide a reason for extension, a requirement also stipulated in Bupa's incident reporting policy.

- Central audits carried out by the organisations quality team had a positive impact on quality of care and outcomes for patients.
- The centre had plans in place and had trained staff for major incidents.
- The centre submitted data and notifications to their central quality team as required. We saw evidence of management encouraging staff to report all incidents. This was a standing item on the weekly meeting agenda. The centre had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts and complaints. Safety alerts were forwarded to clinicians monthly by the organisations central quality team.

## Appropriate and accurate information

- The centre used performance information which was reported and monitored, and management and staff were held to account.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The centre involved patients, the public, staff and external partners to support high-quality sustainable services.

- Patients were invited for their views and to complete an online survey after each appointment at the centre. The results were monitored monthly; we reviewed five monthly meeting minutes and saw that the results of the surveys were discussed at each one. Records showed a six point reduction in the satisfaction score of customers who used the centre between May and September 2018. The provider informed us that this was due to the centre carrying out refurbishment which had been disruptive to their premises.
- Staff could describe how to use the systems in place to give feedback, including written feedback forms, staff surveys and verbal feedback through staff meetings and centre managers. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

## Continuous improvement and innovation

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

- Staff knew about improvement methods and had the skills to use them.
- The centre made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.