

Bupa Occupational Health Limited

Bupa Centre - Nottingham

Inspection report

4 Millennium Way West
Phoenix Park West
Nottingham
NG8 6AS
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Website: www.bupa.co.uk

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The service was previously inspected in June 2018.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Bupa Centre - Nottingham as part of our inspection programme.

Bupa Centre - Nottingham was last inspected in June 2018, but it was not rated as this was not a requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated, and this inspection was undertaken to provide a rating for this service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the

Summary of findings

services it provides. There are some exemptions from regulation by CQC, which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At Bupa Centre – Nottingham, services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Bupa Centre – Nottingham we were only able to inspect the services, which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

The centre manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered people’. 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.

Six patients provided feedback about the service using CQC comment cards. Patients were very positive regarding the quality of the service provided.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients commented that staff were kind and caring, treated them with respect and involved them in decisions about their care.
- Services were designed to meet the needs of individual patients.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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

- Continue to develop a record of staff immunisation status for all diseases recommended by Public Health England.
- Continue to monitor the process of receiving MHRA alerts to ensure that all alerts are received and acted upon.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Bupa Centre - Nottingham

Detailed findings

Background to this inspection

Bupa Centre - Nottingham is located at 4 Millennium Way West, Phoenix Park West, Nottingham

NG8 6AS. The service is located on the first floor and a lift is in place. There is parking directly outside the building.

The provider, Bupa Occupational Health Limited, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures from the location.

Bupa Centre - Nottingham provides general health assessments (that include a range of screening processes), specialised assessments, GP services and musculoskeletal services (this includes physiotherapy and specialist physician appointments for conditions such as back pain, sprains and sporting injuries) to people aged 18 years and above.

Patients can book appointments directly with the service, by phone or online. There is a local management team comprising of a centre manager, lead physician, a health advisor team manager supporting four employed clinicians and a further four self-employed clinicians which includes GPs. In addition to the local team there is regional and national support and oversight from additional Bupa staff.

The service is open for consultations on Monday, Tuesday, Wednesday and Friday from 8am to 5pm and on Thursday from 8am to 6pm.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service pre-inspection.

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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 rated safe as Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were in place and contact numbers for the local authority safeguarding team were easily accessible.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 immunisations were recorded and risk assessments completed for staff who were not up-to-date with immunisations at that time. Work was continuing in this area to ensure all staff were appropriately vaccinated.
- Staff had attended up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Any safeguarding concerns were discussed at team meetings where appropriate.
- Staff who acted as chaperones were trained for the role and had received a DBS check. A chaperone policy was in place and notices were displayed informing patients of the availability of chaperones.
- There was an effective system to manage infection prevention and control. The consultation rooms and reception areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. The service undertook regular infection prevention and control audits and acted on the findings. An infection control lead was in place and they had received appropriate training to support them to effectively fulfil the role.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for

safely managing healthcare waste. The service had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health, storage of medical gases and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings). Monthly health and safety inspections took place and the service had support from the provider's health and safety lead.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff told us staffing levels were good and ensured patient safety. The centre manager was responsible for staffing levels and described arrangements for covering staff absences to ensure patient safety.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections including sepsis. The service carried out mock emergency scenarios every six months to assess staff response to emergencies and identify any training needs.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The service had processes in place to ensure that test and screening results were communicated promptly to all relevant people and appropriate referrals made where appropriate. Some blood tests could also be carried out on site.

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 to relevant staff in an accessible way.

Are services safe?

- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking the expiry dates and stock levels of medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Reporting processes were accessible to all staff.
- The centre manager investigated events and the service had made changes to systems and processes in response to investigated events. Incidents were discussed at team meetings and recorded so that learning was communicated to all staff.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. This was apparent during the inspection and post-inspection when providing us with evidence.
- Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received and dealt with. The centre manager received alerts from the Provider's quality team and these were distributed to all relevant staff. The centre manager kept a record of alerts and they were required to acknowledge receipt of all alerts sent by the quality team. However, we found during the inspection that there were some alerts that had not been received by the Provider's quality team and had not, as a result, been sent on to the centre manager for consideration. We raised this with staff during the inspection who took action to ensure that all alerts had been received and acted upon.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to keep up-to-date with current evidence-based practice.

- Staff assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The provider sent a quarterly GP Bulletin and clinical effectiveness alerts to all doctors so that they were kept up-to-date with best practice guidelines. Continuing Professional Development events were also held twice a year for all doctors.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider reviewed the care given to each patient and encouraged feedback after each consultation.
- An audit schedule was in place and included a range of clinical and non-clinical audits. Audits of consultations and clinical records had been completed and the service took part in national audits of breast and cervical screening. Patient feedback was positive and there was no evidence of adverse outcomes.
- Each doctor had an annual clinical review. This could include an observation of a consultation and there was a mandatory records audit. A CT scan audit had also taken place which looked at the suitability of CT coronary scans carried out and concluded that they

were all appropriate. A GP prescribing audit had taken place on three separate occasions and clear identified actions were in place to ensure improvements took place.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff. This induction involved a corporate and local induction.
- Staff were appropriately qualified and registered with the General Medical Council (GMC) where required.
- The provider 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 management and clinical skills. Staff told us that they had opportunity to discuss their performance and training needs with managers and felt supported.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

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.

- Patients were assessed and given individually tailored advice, to support them improve their health and wellbeing.
- Patients were surveyed to analyse whether they improved their lifestyles following consultations. Bupa

Are services effective?

(for example, treatment is effective)

national feedback results stated that 92.6% of patients had changed their lifestyle following their consultation and 70.8% had seen an improvement in their health and wellbeing.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff had attended mental capacity training.
- Costs were clearly explained before assessments and treatment commenced.

Are services caring?

Our findings

We rated caring as Good because:

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way the provider treated them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. They had attended equality and diversity training.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. A hearing loop was in reception and reading glasses were available to support patients with visual impairment.
- While information was not available in an easy read format, staff agreed to review this to ensure that all patients had information in the format they required to make a decision.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Clear pricing information was provided.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The service had started to advertise Pilates sessions to take place at the service.
- The facilities and premises were appropriate for the services delivered. Consultation rooms were on the first floor and a lift was available. The centre manager had completed a disabled access audit to identify further actions that could be taken to improve access.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment. Staff had identified the need to update some exercise equipment and plans were in place to update this equipment.
- Patient appointments varied in length depending on the type of appointment. All appointments were pre-booked.

Timely access to the service

Patients could access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to consultations. The service was open for consultations on Monday, Tuesday, Wednesday and Friday from 8am to 5pm and on Thursday from 8am to 6pm. Consultations had taken place on Saturdays when required.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service's website contained details of opening times. Patients could make an appointment by telephoning the service or booking online.

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.

- Information about how to make a complaint or raise concerns was available and clearly displayed in the reception.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place.
- The service had responded appropriately to any complaints or comments made by patients. The service had made changes to systems and processes in response to comments received by a patient. Complaints were discussed at team meetings so that learning was identified and shared with all staff.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service 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 values were, 'Passionate, Caring, Open, Authentic, Accountable, Courageous and Extraordinary.' The provider also had customer excellence principles: 'provide a professional welcome, be present, communicate clearly, create a customer-focused environment and own it.'
- The service 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.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. A staff recognition scheme was in place and support schemes and incentives were provided to all staff by the provider.
- The service focused on the needs of patients.
- Systems were in place to support leaders and managers 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. A duty of candour policy was in place and emphasised the importance of openness. We saw an example of an apology sent to a patient which was open and appropriately worded.
- Staff told us they could 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff were positive regarding the relationship between clinicians and non-clinicians and the service and provider staff.

Governance arrangements

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

Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The service had clear regional and national contacts with the provider.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves 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 current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The service had a business continuity plan in place for major incidents such as power failure or building damage.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Patients were encouraged to feedback on every consultation and clear processes were in place for them to do so.
- The service had attended some community health and wellbeing events, hosted a training session for local community healthcare professionals and screening evenings for the public had been held at the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The Provider's quality team sent out a regular quality bulletin to share learning. Each doctor had a dashboard which was reviewed by the lead clinician to identify good practice and where improvements could be made. Patient satisfaction had improved over the last six months.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Quarterly meetings for all centre managers took place where learning was shared, Weekly calls with the regional operations manager also took place to identify learning and share 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. The service had a centre development

Are services well-led?

Good 

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

plan in place. The service had piloted a musculoskeletal test within its health assessments which would be rolled out nationally across the other Bupa services following positive patient feedback.