

Bupa Occupational Health Limited

Bupa Centre - Nottingham

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 1 June 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.

Bupa Centre Nottingham is located on the periphery of Nottingham City in a first floor office building, which has been modified for use as a clinic. The clinic had a lift to the first floor and adequate parking immediately outside the building dedicated for staff and patients.

Patients are able to book appointments directly with the service, through a centralised process or online. There is a local management team comprising of a centre manager, lead physician, a health advisor team manager and a support and administration co-ordinator supporting six employed clinicians and a further six self-employed clinicians which included GPs. In addition to the local team there is regional and national support and oversight from further Bupa staff.

The clinic provides only general health assessments (that include a range of screening processes), specialised assessments, GP services, vaccinations 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. The service opening hours are Monday to Friday 8am to 5pm.

Summary of findings

The general 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 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC, which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Nuffield Health Wellbeing 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 provider, which is Bupa Occupational Health Limited, is registered with the Care Quality Commission to provide services at 4 Millenium Way West, Phoenix Park West, Nottingham, NG8 6AS. The clinic has been used to provide services to patients since 2010.

We received 13 comment cards in the lead up to the inspection, the patients' responses were entirely positive about their experiences at the service. Comments included that patients felt staff were very friendly and courteous, they felt listened to and their questions were answered in a way which was easy to understand, as well as being treated with dignity and respect.

Our key findings were:

- There was effective management of significant events at both a regional and local level.
- The clinic had a low threshold to recording incidents, irrespective of severity, to ensure everything was captured and learning opportunities maximised.
- There was an emphasis on quality within the clinic in both patients care and day to day roles.
- An effective induction process and a supportive mentorship program allowed new staff to become part of the local team with the understanding of the providers goals and code, which we saw was embedded amongst staff.
- The clinical staff used evidence based guidance to ensure appropriate and effective treatment and advice was given to patients.
- The clinic had engaged with the local community to improve awareness of both topical conditions and the clinic itself. For example, they ran a prostate health day with a free screening test, a breast awareness day with a free examination and attended local 10K runs to provide water and free physio for runners after completion.
- The lead physician had undertaken audits to ensure care was being delivered according to latest guidance and outcomes were shared openly with the clinical team to improve the service.
- We saw patients were treated in a friendly and professional manner and feedback from comment cards and patient survey supported this.
- Staff told us there was an open and inclusive culture of management and felt their views were listened to.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There was an overarching provider vision and strategy and there was evidence of good local leadership bolstered by regional support when required.

There were areas where the provider could make improvement and should:

- Review the system currently in place to determine patients' identity and age.

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.

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 to people's needs?

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.

Bupa Centre - Nottingham

Detailed findings

Background to this inspection

The following inspection was carried out on 1 June 2018. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor. Prior to the inspection, we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the Registered Manager, centre manager, Lead Physician, a GP, and health advisor team manager.
- Reviewed the personal care or treatment records of patients.
- Reviewed 13 CQC comment cards where patients and members of the public share their views and experiences of the service'.

- Reviewed patient feedback from patient surveys and online comments received.
- Observed how patients were greeted.
- Reviewed documents and systems.

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 the service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role and all staff understood their responsibilities. Safeguarding procedures were documented, guidance was kept up to date with local contract numbers and staff were aware of the clinic lead. In addition to local expertise, a national safeguarding team were available to cover absence or provide additional support when required.
- There were chaperones available and notices were in the waiting room and consultation rooms. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy 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.
- There were effective recruitment procedures which ensured checks were carried out on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body.
- We observed the clinic to be clean and there were arrangements to prevent and control the spread of infections. The clinic 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

- There was oversight of staffing levels by the centre manager and additional staff were sourced from a pool of self-employed GPs as required to meet demand.

- There was a system in place to manage referrals and test results. Two GPs who regularly worked at the clinic would review results on behalf of others to ensure they were actioned in a timely manner.
- Some blood tests could be done on site however, this was supplemented by off-site testing of samples, which we saw were stored correctly awaiting a daily courier to a laboratory.
- Risks to patients (such as fire) had been assessed and actions taken to manage the risks identified, for example an evacuation chair was on the landing to aid in moving patients downstairs in the event of the lift being inoperable or unsafe to use.
- There were arrangements in place to respond to emergencies and major incidents.
- There was oxygen, a defibrillator, and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All were checked by the clinic through regular monthly checks of expiry dates to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

- There was an electronic booking and care record system, which had safeguards to ensure that patient information was held securely.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- There was not a system in place to routinely check the identity of patients. However, a majority of patients arranged appointments through medical insurance cover or corporate accounts so identity had been verified prior to the consultation.

Safe and appropriate use of medicines

- From the evidence seen, the GPs prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- Patients who attended health assessments or GP appointments were referred to consultants or their NHS GP for follow up as appropriate. The service did not prescribe high-risk medicines.

Are services safe?

- Prescriptions were printed on site and patients were able to take to their pharmacy of choice to be fulfilled.
- Medicines stocked on the premises were stored appropriately, in date and monitored.

Track record on safety

- There was an effective system in place to report, share, investigate and record incidents. All incidents were inputted into an incident management system and staff were encouraged to report any concerns and complaints as significant events and complete a form to initiate an investigation so all learning and changes could be applied.
- In the previous twelve months there had been 60 incidents logged. None of these had been rated as significant once investigated. A low threshold to recording incidents, irrespective of severity, had been maintained to ensure everything was captured and learning opportunities maximised.

We also saw that changes had been implemented as a result of incidents occurring at other sites, these had been cascaded through the team and new policies read and signed in paper form.

- Staff were aware of how to raise a significant event and the registered manager was the designated lead.

Investigations were carried out at a local level with regional support and overview as required. Significant events were a standing item on team meetings and we saw minutes to evidence this.

- We saw that when an incident affected a patient, they received updates and responses in a timely manner and we saw evidence that during investigations duty of candour had been applied.
- A system was in place for GPs to receive safety alerts from organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA), and we saw evidence that the necessary action had been taken.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had effective systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- We saw that the service gave affected people reasonable support, truthful information and a verbal and written apology
- Verbal interactions were documented, as well as written correspondence being kept as part of the investigation.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

The GP assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service either within Bupa, other private providers or the NHS.

Monitoring care and treatment

We saw evidence to show audits were being completed by the lead physician. Although the computer system used in the clinic was not searchable, a manual review of records had been undertaken in two audits in the preceding twelve months. For example, an audit had been undertaken reviewing the patients presenting with a risk factor, such as diabetes or high blood pressure, were being referred to have further tests to identify possible kidney disease, in line with NICE guidance. Out of 20 records reviewed, 80% had undergone the initial test and 95% had received the secondary test.

Findings were reviewed at the next clinical meeting and indications for tests reiterated to ensure all staff understood the guidance, and a further audit was scheduled for six months later to gauge improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the GPs had attended an update course with the provider to ensure they worked to best practice guidance and could demonstrate how they stayed up to date.

- 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 in all roles and leadership training played an important part of staff development

- 'Train the trainer' courses were undertaken by staff on relevant topics to their role and they then shared the learning locally to ensure consistency within the organisation.
- The service provided staff with ongoing support. This included a regional induction process, followed by a local induction and shadowing with a colleague for new starters, one-to-one meetings, appraisals, coaching, and mentoring.
- We saw there was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

- When patients attended the clinic, they were asked if they were registered with an NHS GP and whether their GP could be informed of any outcomes or tests completed at the clinic. If patients agreed, we were told that a letter was sent to their registered GP. The GPs were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk). However if a patient refused consent to share their notes with a GP then their information was regarded as confidential.
- Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider or the local NHS trust.
- We saw evidence that GPs reviewed test results received within 72 hours. Referrals to secondary care could be made on the same day as a health assessment.

Supporting patients to live healthier lives

- The service supported patients to live healthier lives by providing information specific to their assessment outcomes, as well as follow up support where appropriate to review patients health goals were being met.
- The service also promoted healthy living such as smoking cessation and weight management by the use of leaflets and information in the waiting room and during consultations.

Consent to care and treatment

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- For patients whose costs were not being paid by their employer, costs were clearly laid out and explained in detail before assessments and treatment commenced.

Are services caring?

Our findings

We found the service was providing caring services in line with the regulations.

Kindness, respect and compassion

- We observed that members of staff were courteous and treated people with dignity and respect.
- All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 13 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt staff were very friendly and courteous, they felt listened to and their questions were answered in a way which was easy to understand, as well as being treated with dignity and respect.
- All patients were asked for feedback after a consultation, and monthly reports were created to view patients' satisfaction and feedback. All comments are read locally to ensure trends are revealed; enabling staff to act quickly to make improvements where possible.

- Staff we spoke with demonstrated a whole team approach to patient centred care and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.
- The service had engaged with the local community to improve awareness of both conditions and the clinic itself. For example, they ran a prostate health day with a free screening test, a breast awareness day with a free examination and attended local 10K runs to provide water and free physio for runners after completion.

Involvement in decisions about care and treatment

- The service used a number of means to communicate with patients who did not speak English as their first language, with face-to-face translators being the preference but there was also access to a telephone translation service when required.
- There was a hearing loop and reception staff could support patients in its use.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

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 provided easy access to GPs as well as to health assessments and other services within the clinic such as physiotherapy.
- Staff members had received training in equality and diversity. Consultations were available to anyone.
- There was good transport links locally with a tram stop nearby and adequate parking.
- Appointments were allocated on customer convenience and availability. We saw staff would always accommodate appointments to meet patients' requests where possible.
- Where the patient wished to see a specific clinician, for continuity or preference, staff would accommodate this.
- There were clinics provided on site, for example physiotherapy three days a week, travel vaccinations provided by a third party once a week, and a muscular skeletal physician twice weekly.
- Facilities were well presented and appropriate for the services delivered. On the first floor a lift was available and the clinic had adequate disabled access.

Timely access to the service

- Consulting hours were 8am to 5pm Monday to Friday with late opening till 6pm on Tuesdays and Thursdays.

- Same day appointments were available depending on demand.
- Patients could book by telephone or through the website.
- Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

- The provider encouraged and sought patient feedback following every visit. Results were correlated for all staff and comparisons made with similar clinics within BUPA. We saw that results were reviewed locally and areas for improvement and trends utilised to develop the service. For example, a patient commented on the difficulty in finding the clinic, so large window vinyl signage were placed on the building and signs improved to be more visible.
- Information about how to complain was available in the waiting room and on the provider's website. There had been eight complaints in the past 12 months. We saw evidence they were handled in accordance with the published process, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.
- There was evidence of improvement in response to complaints and feedback, including training for staff, and updated policies. Staff received relevant information about complaints at clinic meetings.

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 a well led care in accordance with the relevant regulations.

Leadership capacity and capability

The registered manager in conjunction with the centre manager had the capacity and skills to deliver high quality, sustainable care.

- The team had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They had an emphasis on quality and governance within the clinic and prioritised a positive patient experience through a team approach. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- There was a united approach to achieve goals within the clinic and they were visible and approachable to both staff and patients.
- The provider had effective processes and foresight to develop leadership within the clinic planning for the future leadership of the clinic. The provider also delivered supportive leadership both remotely and through site visits and area meetings.

Vision and strategy

The provider had a clear vision and credible strategy. This focused on strategic framework which focused on helping people live longer, healthier and happier lives and to be the most admired healthcare company.

We saw there was conformity within the clinic to a 'code' which among the twelve points entailed:

- Putting customers first
- Stay safe and well
- Keep information safe
- Work to a high professional standard

This code was embraced in a positive way and behaviour aligned with them to highlight an employee of the month. Annual reviews and one to ones were also underpinned by the 'Bupa code'.

Staff were aware of and understood the vision and values and their role in achieving them.

The service monitored progress against delivery of the strategy.

Culture

The service had a culture of helping people live longer healthier, happier lives through a team approach.

- Staff we spoke to said they felt supported by management and respected as part of the team.
- There was a focus on delivering patient care in a professional and convenient manner.
- Staff were supported to maintain their wellbeing through benefits such as free annual health assessments, access to a 24 hour mental health line and cycle to work schemes.
- As a team, effort was made to get to know each other's strengths and weakness and build working relationships. This was done by allowing time in meetings for conversation as a team, In addition to attending training events, such as conferences and CPR training as a team.
- The provider engaged with staff nationally through newsletters, emails, and manager meetings as well as the internal intranet and social media.
- The centre manager acted on behaviour and performance inconsistent with the vision and values, and developed and supported staff to deliver them appropriately.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The sharing of outcomes across all services ensured changes were maximised and all patients benefited. 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 encouraged to raise concerns and felt they would be addressed.
- There was an emphasis on staff development and progression within the clinic. This was through online courses, formal training and conferences. All staff had received annual appraisals in the last year.
- All staff were considered valued members of the clinic team. They were given protected time for administrative duties and professional development.

Governance arrangements

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

Are services well-led?

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

- There were processes and systems to support the governance of the clinic.
- To ensure a fluid flow of reporting, support and oversight in terms of risk management, the provider used a 'three lines of defence' model, which structured roles, responsibilities and accountabilities within the organisation at provider and local clinic level. This established an open and efficient way of managing risk and governance across all clinics.
- 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 and effective processes for managing risks, incidents and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The centre manager implemented changes at a local level and ensured staff were aware of any changes.
- Regular checks were carried out by the centre manager or relevant staff member to ensure risk was highlighted and mitigated where appropriate.
- The service had processes to manage current and future performance.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- 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 sought and used the views of patients and staff and used feedback to improve the quality of services.

- We saw that both staff and patient feedback was used to improve services.

Continuous improvement and innovation

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

- There was a focus on continuous development of the service.
- The provider had created an application for mobile devices which assisted patients in achieving their health goals and add support once they had left the clinic.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service.
- Staff told us that they were encouraged to consider and implement improvements, which we saw evidence of changes made as a result. For example, monitoring equipment was being left patients after they had undergone a test and sometimes this meant they left the clinic still wearing the equipment, resulting in the next patient not always being able to complete their assessment. A member of staff placed a reminder notice on the blood pressure monitor, the next test to be conducted, resulting in a visual aid to ask the patient to remove the equipment.