# Bupa Insurance Services Limited - Bupa Place

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

| Overall rating for this location | Good ● |
|---|---|
| Are services safe? | Good ● |
| Are services effective? | Good ● |
| Are services caring? | Good ● |
| Are services responsive? | Good ● |
| Are services well-led? | Good ● |

# Overall summary

**This service is rated as Good overall.** (Previous inspection March 2018 – Not rated)

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 Insurance Services on 20 September 2019 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely 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 people with compassion, kindness, dignity and respect.
- Members were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider was involved in the local community. The 'Bupa cares corporate responsibility and sustainability Education' scheme carried out a recent activity involving a local school. 60 school children, from 4 local Salford schools attending Bupa Place for the day to solve a Business problem. As a result of this session 10 pupils from All Hallows RC High School spent their work experience week at Bupa Place during July. Interview preparation was given to eight pupils from years 10 and 13 who attended a morning at Bupa place. Positive feedback was received from the students who enjoyed their experience.

Areas where the provider should improve:

- The provider should inform members how to escalate their complaint.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a nurse specialist adviser.

## Background to Bupa Insurance Services Limited - Bupa Place

BUPA Insurance Services Limited is based in a telephone contact centre and offers telephone advice and support concerning health and well-being to members who are members of the service. BUPA Insurance staff also process medical insurance claims. The processing of insurance claims did not relate to the regulated activity and therefore not within the scope of this inspection.

The centre is based in Salford Quays and staff speak with members from all over the United Kingdom. Members using these services do not visit this location and all advice is given over the telephone. The service handles over 260,000 calls a month.

The service operates from 8am to 8pm Monday to Friday and 8am to 4pm on a Saturday. The service offers access to a team of specialist nurses including oncology and cardiac nurses, who provide medical advice and triage of symptoms to members. Clinical review at key stages within a member's treatment and case management of clinical pathways is also provided to members.

Members are offered advice relating to their care and treatment and are provided with ongoing support during this time. This could include if a member has any questions or concerns relating to treatment, then they can contact a nurse for advice.

The service employs 50 clinical nurses as well as a team of non-clinical call handlers and a leadership team. The governance team is formed of clinical and non-clinical leads.

Information from the service was submitted and reviewed prior to the inspection. This included information relating to staff, members, complaints, significant events, and audits of the service.

To get to the heart of members' 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 members' needs?

• Is it well-led?

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

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health, fire safety, and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider 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.
- The service worked with other agencies to support members and protect them from neglect and abuse. For example, contacting a members GP regarding safeguarding concerns. Staff took steps to protect members from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff were trained for the role and had received a DBS check.

## Risks to members

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. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage members with severe infections, for example sepsis. In line with available guidance, members were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told members when to seek further help. They advised members what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept members 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.
- 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.

## Appropriate and safe use of medicines

The service did not prescribe or administer medicines but systems were in place to ensure the advice given was in line with national guidance.

## 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. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including services where treatment for members was carried out.

## Lessons learned and improvements made

## Are services safe?

The service 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. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The provider used the Datix system for recording significant events.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

**We rated the service as good for providing effective services.**

**Effective needs assessment, care and treatment**

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included use of a structured assessment tool.
- Members' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where members needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, directing a patient to call 999.
- We saw no evidence of discrimination when giving medical advice or triaging.
- Arrangements were in place to deal with repeat members. There was a system in place to identify frequent callers and members with particular needs, for example members with palliative care needs.

**Monitoring care and treatment**

Clinical advice was monitored by through a quality assurance process.

- The service carried out call audits and had a target to audit 1% of calls. Two calls per call handler were randomly selected and awarded a rating of 'pass', 'pass with learning' or 'fail'. Feedback was given immediately to the call handler if the rating was a fail.
- The call audit assessment looked at 11 different areas that included accurate record keeping, data protection, clinical reasoning, outcome, and sufficient questioning.
- Data from the last three months of call audits showed that 97% of calls passed.
- Where the service was not meeting the target, the provider had put actions in place to improve

performance in this area. This included immediate feedback or discussions during one to ones. The service used information about care and treatment to make improvements.

- The service was actively involved in quality improvement activity. For example, improvements were made to the algorithm that would trigger a referral to a breast cancer specialist. The algorithm was improved by adding extra questions to help identify 'red flags' which could indicate breast cancer.

**Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as health and safety, complaints and safeguarding training.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided two hours per month of 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 provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The service offered scholarship opportunities to clinical staff which aimed to develop their leadership and research skills.

**Coordinating care and treatment**

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing care and treatment.

# Are services effective?

- Members received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- There were established pathways for staff to follow to ensure callers were referred to other services for support as required. For example, if a member needed to be referred to the mental health team.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different members, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for transfers to other services. Staff were empowered to make direct referrals for members with other services.

**Helping members to live healthier lives**

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

- The service identified members who may be in need of extra support. Clinical triggers were in place to identify members in need of extra support, such as elderly members with unplanned admissions into hospital.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to members and their normal care providers so additional support could be given. The service liaised with providers carrying out the treatment to get clinical updates on members. The service also linked up with family members to get updates with ongoing care and to provide any support or advice.
- Where members needs could not be met by the service, staff redirected them to the appropriate service for their needs.

**Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported members to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

# Are services caring?

We rated the service as good for caring.

**Kindness, respect and compassion**

Staff treated members with kindness, respect and compassion.

- Staff understood members' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all members.
- The service gave members timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- The service offered a scheme called 'Acts of Kindness' which was an initiative open to customer facing staff which enabled them to send a small gift each month to a customer of their choice. Staff could send a personal gift to make the customer feel that they were valued by Bupa. This scheme was shortlisted as a finalist in the recent Bupa Global awards in the empowering our people category. Since May 2018 around 750 gifts have been sent.

**Involvement in decisions about care and treatment**

Staff helped members be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that members and their carers can access and understand the information they are given):

- Interpretation services were available for members who did not have English as a first language.
- For members with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- Staff helped members and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

**Privacy and dignity**

The service respected and promoted members' privacy and dignity.

- Staff always respected confidentiality .
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported members to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

**Responding to and meeting people's needs**

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

- The provider understood the needs of its members and tailored services in response to those needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, an alert would pop up on screen if the member was on an end of life pathway. Care pathways were appropriate for members with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service
- The service was responsive to the needs of people in vulnerable circumstances. For example, the mental health team dealt with crisis calls and ensured members were safe.

**Timely access to the service**

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

- Members were able to access care and treatment at a time to suit them. The service operates from 8am to 8pm Monday to Friday and 8am to 4pm on a Saturday
- Members had timely access to initial assessment and medical advice:
  - Approximately 6,000 calls were offered daily to the teams that were regulated.

- Referrals and transfers to other services were undertaken in a timely way. If a referral to a care provider was made then the patient was given options on which care provider they preferred to use. If during treatment the patient was diagnosed with a separate condition then the service could refer internally to a different department for assessment, such as cardiac or mental health.

**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 it was easy to do. Staff treated members who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service recorded complaints that related to the entire business, which included complaints relating to other providers delivering care and complaints relating to the service provided at Bupa Insurance Services. We reviewed three complaints. Two were satisfactorily handled in a timely way. One complaint was not handled appropriately by a call handler. There was a lack of empathy shown to the customer and information about how to escalate the complaint was not given.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

**We rated the service as good for leadership.**

## 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 service strategy and address risks to it.
- They 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.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- 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 members.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with members, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## 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.
- The service focused on the needs of members.
- 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. 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 processes for providing all staff with the development they need. 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 time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Reward and recognition schemes were in place. For example, 'Everyday 'Heroes' was a reward scheme that awarded nominated individuals and teams.
- 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.

## Governance arrangements

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

- 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 services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- 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

# Are services well-led?

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 provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level.

The providers had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## 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 members.
- 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 used information technology systems to monitor and improve the quality of care.
- 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 members, the public, staff and external partners

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

- A full and diverse range of members', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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 within the service.
- The provider was involved in the local community. The 'Bupa cares corporate responsibility and sustainability Education' scheme carried out a recent activity involving a local school. 60 school children, from 4 local Salford schools attending Bupa Place for the day to solve a Business problem . As a result of this session 10 pupils from All Hallows RC High School spent their work experience week at Bupa Place during July. Interview preparation was given to eight pupils from years 10 and 13 who attended a morning at Bupa place. Positive feedback was received from the students who enjoyed their experience.
- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. There were systems to support improvement and innovation work.