

# Bupa Centre - Bristol

## Inspection report

The Spectrum  
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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 to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

This service is rated as Good overall. Previously, the Care Quality Commission (CQC) inspected the service on 8 January 2019 and the service was found compliant with regulations. This is the services first rated inspection since registering with CQC.

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 – Bristol as part of our planned inspection programme.

Bupa Centre – Bristol is a private clinic offering a selection of health assessments and other services, including physiotherapy, musculoskeletal services, workplace health services and private GP services.

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 general 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 Bupa Centre - Bristol services are provided to clients under arrangements made by their employer or an insurance provider with whom the service user holds an insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at Bupa Centre - Bristol we were only able to inspect the services which are not arranged for clients by their employers or an insurance provider with whom the client holds a policy.

The centre manager was registering to become the registered manager at the time of our visit. 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.

## Our key findings were:

- The service provided treatment in a way that kept clients safe and protected them from avoidable harm.
- Clients received effective care and treatment that met their needs.
- Staff dealt with clients with kindness and respect and involved them in decisions about their care.
- Clients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Bupa Centre - Bristol

Bupa Centre Bristol is provided by Bupa Occupational Health Limited and operates from:

The Spectrum

Bond Street

Bristol

BS1 3LG

They are registered with CQC to deliver the following regulated activities: Treatment of disease, disorder or injury, diagnostic and screening procedures and family planning. They provide care and treatment to the whole population.

The service provides various specialist healthcare services: health assessments, fitness tests, GP services including menopause plan appointments, earwax removal, breast health checks, coronary and colon health checks, physiotherapy and workplace health services.

Clients can access the service Monday to Friday. Mondays from 8 am to 1:30 pm, Tuesdays, Wednesdays and Fridays from 8 am to 6 pm and Thursdays from 8 am to 8 pm.

The staff employed at the centre included: a lead physician, 15 doctors, five physiotherapy and musculoskeletal therapies team members including a consultant sports physician, eight health advisers and one health adviser team manager, and six administrative staff, including the administration team leader. The management was provided by a centre manager and health services manager.

### How we inspected this service

We gathered and reviewed information prior to and during the inspection which was obtained from the provider. We asked the provider to return a provider information pack prior to the inspection and we reviewed it before the site visit. We spoke with the registered manager, medical director and other staff members and reviewed client feedback which had been obtained by the service.

To get to the heart of clients' 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?

## **We rated safe as Good because:**

The provider provided services in a way that ensured people were protected from avoidable harm and abuse.

### **Safety systems and processes**

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

- The provider had carried out a Health Clinic General Risk Assessment. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service carried out a quarterly health and safety audit.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff were knowledgeable about protecting clients 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 for both children and adults. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The provider conducted regular IPC audits. The most recent audit had all actions completed and staff told us they were aware of changes following audits. For example, following one of the audits, a change in cleaning schedules was introduced to increase the frequency of cleaning clinical rooms. Staff reported to us that they had been asked to complete this and had been complying with the change.
- The provider had a Legionella Risk Assessment in place. We saw evidence of a risk assessment from 2021 and were shown evidence that a more recent risk assessment was underway at the time of our inspection. (Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria. All hot and cold water systems in the premises are a potential source for legionella bacteria growth).
- 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 provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### **Risks to clients**

#### **There were systems to assess, monitor and manage risks to client safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for 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 clients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

# Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients 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.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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 and equipment minimised risks. The service did not keep prescription stationery.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected client safety. Some of the medicines this service prescribed were unlicensed for treatment of a particular health condition. Treating clients with unlicensed medicines is a higher risk than treating clients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. We were told use of unlicensed medicines was rare in the service, for example, they prescribed Cetirizine (an antihistamine used to treat allergy symptoms) to treat rashes. Some medicines prescribed were not licensed, but recommended to use by the NICE.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive General Clinic Risk Assessment in place.
- 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.

# Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were no significant events raised in the last 12 months. However, the service had a comprehensive system in place for reporting any incidents that didn't meet the threshold of significant events. Staff gave us examples of incidents raised and how they were managed, investigated and how the service had learnt from them. We saw examples of incidents reported in the last three months. There were 12 incidents, for example, needle stick injury. Following the incident, information about correct process when dealing with sharps was discussed with the team and training reminder was issued.
- 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 systems in place for knowing about notifiable safety incidents.
- The provider had a safety alerts policy in place. The service acted on and learned from external safety events as well as client and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## We rated effective as Good because:

The provider ensured people who used the service had good outcomes and received effective care and treatment that met their needs.

### 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 and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the NICE best practice guidelines.
- Clients' immediate and ongoing needs were fully assessed. The service offered comprehensive health assessments. The assessments were preventative health checks using non-invasive tests to give clients a picture of their health and well-being.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat clients. For example, we saw a record of a client who returned for a health assessment after one year. The doctor showed us how the information from a previous assessment was used to support follow-up assessment and client history was considered when preparing for the next appointment.
- The provider conducted a weekly turnaround time report, which was a fail-safe procedure to ensure all customers who were waiting for test results had them back in a timely manner and these were communicated appropriately to avoid delays.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality. For example, an ECG (electrocardiogram, which is a recording of the heart's electrical activity through repeated cardiac cycles) audit was conducted following a serious clinical incident in another Bupa location. This prompted a change in printing the results of the test to avoid the risk of missing accurate results. It was found that all ECGs in the service were recorded appropriately, however, all doctors were granted additional time to do a refresher training annually.
- The service conducted an annual clinical records audit. The audit checked the clinical records recorded by each doctor working for the service and a formal meeting was held to discuss the findings. Where notes hadn't met the required standard, the conversation about it was recorded and they were given advice and support on how to improve their clinical notes.

### Effective staffing

**Staff had have 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.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.

# Are services effective?

- 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.

## Coordinating client care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the client's GP and third party healthcare providers.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All clients 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the client did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Where clients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for clients in vulnerable circumstances was coordinated with other services. Staff understood the importance of liaising with other services and described systems in place of how to do it.
- Client information was shared appropriately (this included when clients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting clients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support.
- Where clients 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.**

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



# Are services caring?

## **We rated caring as Good because:**

The provider ensured that people were treated with dignity and respect, and were involved in their care and treatment.

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

#### **Staff treated clients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care clients received. Overall, the feedback was positive from clients about the care they received. The provider analysed client feedback on monthly basis and the most recent data showed 81% client satisfaction with the services. The overall results from the customer survey for the last 12 months showed 75% client satisfaction. Some of the feedback included clients feeling listened to and understood, compassion from the GPs and clarity about options available. Other feedback from clients was neutral or negative. Where clients left negative feedback the provider contacted them to gain more information about the issue and sought resolution. We saw evidence of negative feedback being reviewed and provider trying to improve processes and acting on client's comments.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental attitude to all clients.
- The service gave clients timely support and information.

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

#### **Staff helped clients to be involved in decisions about care and treatment.**

- Interpretation services were available for clients who did not have English as a first language. Clients were also told about multi-lingual staff who might be able to support them. Each member of staff had a name tag as a part of their uniform, which included their name, role and flags of the countries of the language which they spoke.
- For clients 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.

### **Privacy and Dignity**

#### **The service respected clients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

The provider ensured people's needs were met through the way services were organised and delivered.

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

#### **The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.**

- The provider understood the needs of their clients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the building was accessible to wheelchair users.

### **Timely access to the service**

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

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, the provider worked closely with a local private hospital for any additional tests not provided at the centre, such as CT scans and mammography.

### **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. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The provider recorded six formal complaints in the last 12 months. For example, a customer was booked for a mammogram, which was provided by a third-party provider. However, because of miscommunication, they were booked on the wrong day. This had to be rescheduled. As a result of the complaint regular calls between a manager and a third-party provider were set up to avoid future issues and an audit of mammography services delivered by a third-party provider was completed. The service improved as a result for future clients and to avoid this from happening in the future.

# Are services well-led?

## **We rated well-led as Good because:**

The provider led the service in a way that promoted a culture of high-quality person-centred care and had governance arrangements in place to deliver those.

### **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 clients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were knowledgeable about 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. We sent out a questionnaire to staff to obtain their feedback. We received 26 answers and the answers were positive about working for the service. For example, the staff told us they enjoyed working there, there was good communication and everyone was friendly.
- The service focused on the needs of clients.
- 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 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 had received regular annual appraisals in the last year. They also had monthly one-to-one meetings and mid-year reviews. 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. For example, the provider had recently introduced a well-being hour for their staff. Once every two weeks each member of staff had an hour of well-being for non-work activities. Staff told us they could go for a walk or do yoga during that time, they had yoga mats provided for them. This was introduced to ensure all staff had free time on their working day to unwind.

# Are services well-led?

- 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.
- 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 client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through an audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- The provider 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. Performance information was combined with the views of clients.
- 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 client identifiable data, records and data management systems.

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

# Are services well-led?

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

- The service encouraged and heard views and concerns from the public, clients, 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. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. For example, there was an active employee survey in the service. As a result of that the provider introduced well-being hour for their staff.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- 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 were systems to support improvement and innovation work. For example, the service was taking a part in sustainable initiatives in their company and had organised a working group for that. They had come up with an idea for having an exercise bike in the service which would produce energy. They had created a business plan for the case and were awarded second place in a competition within the organisation.