

Bupa Occupational Health Limited

Bupa Centre - Newcastle

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 10 February 2016 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 services in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective services 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 services in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well led services in accordance with the relevant regulations.

Background

BUPA Centre-Newcastle is a private health screening centre. BUPA Centre-Newcastle also provides an occupational health service to local companies.

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 BUPA Centre- Newcastle services are provided to patients under arrangements made by their employer and insurance companies 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-Newcastle we were only able to inspect the services which are not arranged for patients by their employers and an insurance companies with whom the patient holds a policy (other than a standard health insurance policy).

There is currently no registered manager for the service. BUPA are in the process of appointing a new manager, in the interim the manager from the Manchester office is overseeing the service. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

The core hours for the service are Monday to Friday 8.30am - 5pm.

However assessment clinics are only available Monday, Tuesday and Wednesday.

The doctor is available Mondays and Wednesdays and the sessions on a Tuesday are carried out by a health advisor. BUPA Centre-Newcastle has six salaried staff and one member of staff who was self-employed.

On the day of inspection there were no patients booked in. We received four Care Quality Commission (CQC) feedback forms from patients providing feedback about the service.

We found the service had met the regulations and had in place robust systems and protocols for staff to follow which kept patients safe.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.

- Patients reported they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All consultation rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly.
- Clinicians regularly assessed patients according to appropriate guidance and standards.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- Staff were kind, caring, competent and put patients at their ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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

- Assess the suitability and cleanliness of the carpet throughout the patient areas at the centre.

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.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for the provision of care and treatment.

Risk management processes were in place to manage and prevent harm. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. We found the equipment and premises were well maintained with a planned programme of maintenance.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

The service provided evidence based care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance such as that from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their health needs which included their medical history.

We saw examples of effective and collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with a professional body such as the General Medical Council (GMC) had opportunities for continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff demonstrated a thorough understanding of the Mental Capacity Act 2005.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Feedback from patients through completed comment cards was positive about their experience at the service. Patients commented that they were listened to, treated with respect and were involved in the discussion of their treatment options which included any risks, benefits and costs. Patients also commented that the staff were caring and committed to their work and displayed empathy, friendliness and professionalism towards them.

We found staff spoke with knowledge and enthusiasm about their work and the team work at the service.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

The service offered flexible appointments to meet the needs of their patients.

The service had made reasonable adjustments to accommodate patients with a disability or impaired mobility. The service handled complaints in an open and transparent way and apologised when things went wrong. The complaint procedure was readily available for patients to read in the reception area and on the service's website.

There was a complaint policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the service waiting room and on the service website.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

There was a management structure in place and staff understood their responsibilities. The interim manager was always approachable and the culture within the service was open and transparent. Staff were aware of the organisational ethos and philosophy and told us they felt well supported and could raise any concerns with the provider or the manager.

There were effective clinical governance and risk management structures in place. There was a pro-active approach to identify safety issues and to make improvements in procedures. The service assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning.

The service sought the views of staff and patients. The manager and provider ensured policies and procedures were in place to support the safe running of the service. Regular staff meetings took place and these were recorded.

Bupa Centre – Newcastle

Detailed findings

Background to this inspection

We inspected this service as part of our new comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an announced comprehensive inspection at Bupa Centre – Newcastle on 10 February 2016 as part of the independent doctor consultation service inspection pilot.

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

We informed NHS England and Northumberland Clinical Commissioning Group we were inspecting the service; however we did not receive any information of concern from them.

During our visit we:

- Spoke with a range of staff including a doctor, the health advisor and administrative staff.
- Reviewed records and documents.
- Reviewed four comment cards where patients and members of the public shared their views and experiences of the service.
- Toured the premises.

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

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording incidents. Staff told us they would inform the service manager of any incidents and there was also a recording form available on the service's computer system. The service carried out a thorough analysis of the incidents and the outcomes of the analysis were shared at staff and management meetings. We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service. For example, a specimen was lost from the service to a hospital who undertook tests on behalf of the service. We found the service responded by introducing a new protocol following this incident which ensured all specimens were tracked from leaving the centre until the receipt of results.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We were told that the service would keep written records of verbal interactions as well as written correspondence if this should occur.

The provider was aware of and complied with the requirements of the Duty of Candour. The **Duty of Candour** is a legal **duty** on all health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. **Duty of Candour** aims to help patients receive accurate and truthful information from health providers. The service encouraged a culture of openness and honesty and had systems in place for disseminating information about notifiable safety incidents.

Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Although the service did not offer health screening to children and young people arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. The policies and

contact information was accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. We found the doctor was trained to level 3 for safeguarding children.

A notice in the waiting room and all consultation rooms advised patients that chaperones were available if required. The health advisor or the administrative staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was an off-site record back up system.

Medical emergencies

The service had adequate arrangements in place to respond to emergencies and major incidents. There was a push button alarm in all the consultation and treatment rooms which alerted staff to any emergency.

We found that there was no emergency resuscitation equipment in the location. However this had been risk assessed by the provider and, due to the nature of the service offered, was assessed as not necessary. Records showed all staff had completed training in basic life support. Staff we spoke with demonstrated they knew how to respond if a patient suddenly became unwell.

The service also had trained first aiders with first aid kits and an accident book available on site. There had been no recorded accidents over the last 12 months.

Staffing

We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Arrangements were in place

Are services safe?

for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. There was a planning system in place to ensure enough staff were available to support patients attending for health assessments.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety. All of the staff team undertook health and safety awareness training as part of their induction. Some staff members had further delegated responsibilities for implementing health and safety at work. For example, we found the centre had been assessed for risk of fire and fire marshals had been appointed. Fire safety equipment had been regularly serviced and records demonstrated staff had been involved in fire drills.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the centre. Risks identified included server failure and access to the building. The document also contained relevant contact details of people to whom staff could refer. For example, emergency contact numbers for staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, hand hygiene, segregation and disposal of clinical waste.

The centre had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the centre. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near all hand wash sinks to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared clean, uncluttered and well-lit with good ventilation. There was a daily check completed in each consultation room for cleanliness and equipment by the health advisors. We saw the laboratory where the testing took place had its own programme for cleaning and monitoring for infection control.

There was a good supply of cleaning equipment which was stored appropriately. The centre had a contract with an outside agency for the cleaning of the premises. We saw that cleaning schedules were in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance of colour coding equipment to prevent the risk of infection spread.

Premises and equipment

The centre leased an area of a centrally located office building. The landlord had responsibility for building maintenance and repair and the service had contracts and processes in place to ensure a safe environment for patients and staff.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and moving and handling of loads.

There were systems in place to check all equipment had been serviced regularly. We were shown the annual servicing certificates which showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

Are services safe?

The building had in-built security such as CCTV and alarm systems, as well as onsite security guards.

However we found that the carpet throughout patient areas in the centre was dirty and stained, despite regular cleaning. The manager told us that the provider was aware of this.

Safe and effective use of medicines

No medicines were used or stored at the location.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Patients who used the service initially completed an online self-assessment document which requested medical history information and included patient consent. The online submission created an individual confidential portal for each patient where they could access their health assessment and results. The clinicians undertook face to face assessments created from evidence based guidance and standards, which included those issued by National Institute for Health and Care Excellence (NICE).

The service had systems in place to keep all clinical staff up to date. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs. The service monitored these guidelines were adhered to through routine audits of patient's records.

Staff training and experience

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The service had a basic induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed which ensured staff were capable for the role to which they had been appointed. There was also role specific induction training, for example, for administration staff.

The service could demonstrate how they provided mandatory training and updating for all staff. Staff had access to and made use of e-learning training modules and in-house training. The learning needs of staff were identified through a system of meetings and appraisal which were linked to service development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example, the health advisors were trained to conduct health assessment tests, such as an ECG, discuss the results and provide

advice, and developed a tailored health and wellbeing plan to meet individual patient needs & goals. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Working with other services

The information needed to plan for the delivery of services was available to relevant staff (the records had different permission levels) through the service's patient record system and the service intranet system. This included patient self-assessments, clinician's assessments and records, and investigation and test results. There were monthly audits of these by the BUPA clinical lead for the region.

The service shared relevant information with the patient's permission with other services, for example, when referring patients to other services or informing the patient's own GP of any matters.

Staff worked with other health care professionals to meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.

Consent to care and treatment

We found staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

We saw the service obtained written consent before undertaking procedures. Information about fees was transparent and available in the waiting room. The process for seeking consent was demonstrated through records and showed the service met its responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance. They told us they could access an empty room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

The provider and staff explained to us how they ensured information about patients using the service was kept confidential. The service had electronic records for all patients which were held securely. The day to day operation of the service used computerised systems and the service had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality.

Involvement in decisions about care and treatment

Staff told us patient's medical status was discussed with them in respect of decisions about the care and treatment they received. We saw these discussions were always documented.

The provider told us they used a number of different methods including display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. We saw a range of information available in the service. The comments from patients indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.

We looked at some examples of written assessment plans and found they explained the treatment required and outlined the costs involved. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed. We were told patients who had received any complex treatments were always followed up with a telephone call by the relevant clinician to monitor their welfare.

Patients completed CQC comment cards to tell us what they thought about the service. All of the comments were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The service offered flexible appointments to meet the needs of their patients. The range of services was kept under review to meet demand. Staff reported the service scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The facilities at the centre complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients. The treatment and consultation areas were well designed and well equipped.

The service had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks test results, which ensured delays in treatment, were avoided.

Tackling inequity and promoting equality

The service was offered on a fee basis only and was accessible to people who chose to use it.

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they could contact a telephone translation service. The service treated everybody equally and welcomed patients from many different backgrounds, cultures and religions.

The building was accessed through electronically operated doors, and there was a lift to the first floor. The service also had an accessible toilet available for all patients attending the service.

Access to the service

Appointments were available at varied times Monday to Wednesday and were also dependent on the availability of the specialist clinician. The length of appointment was specific to the patient and their needs.

Concerns & complaints

There was a complaint policy which explained how they handled formal and informal complaints from patients. Information for patients about how to make a complaint was available in the service waiting room and on the service website. This included details of other agencies to contact if a patient was not satisfied with the outcome of the service's investigation into their complaint. The designated responsible person who handled all complaints was the interim manager. Since their appointment to the role the manager had arranged for complaints handling to be part of the development of staff.

We reviewed the complaint system and noted that all comments and complaints made to the service were recorded. We read the service procedure for acknowledging, recording, investigating and responding to complainants and found all of the three patient complaints which had been received over the past 12 months had received a response. One of the complaints was related to the outcome of a clinical assessment (diagnosis and test results) and the delay in receiving the report. The remainder were administrative and information provision concerns. We saw there was an effective system in place which ensured there was a clear response to individuals with learning disseminated to staff about the event.

Are services well-led?

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

Our findings

Governance arrangements

The governance arrangements of the service were evidence based and developed through a process of continual learning. The service had a number of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the General Medical Council (GMC).

The interim manager had responsibility for the day to day running of the service. They held regular meetings with the staff to discuss any issues and identify any actions needed. There was a clear leadership structure with named members of staff in lead roles. For example, there was support from national BUPA advisors who visited the centre regularly.

Bupa has a dedicated Information Governance and Compliance Manager who was always available for support.

Leadership, openness and transparency

The service was part of a national organisation which had an extensive governance and management system which provided the guidance and protocols as well as the hierarchy to run the service and ensure high quality care. There was a clear leadership structure in place and staff felt supported by management. Staff told us the management team were approachable and always took the time to listen to them.

When there was unexpected or unintended safety incidents the service gave affected patients' reasonable support, truthful information and a verbal and written apology. They told us that they would keep written records of verbal interactions as well as written correspondence if this occurred.

We found the service held regular team meetings. Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings. Staff were involved in discussions about how to run and develop the service, and to identify opportunities to improve the service.

Learning and improvement

Staff told us the service supported them to maintain their clinical professional development through training and mentoring. The management of the service was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff. We found formal appraisal had been undertaken and was embedded within the culture of the service. The staff we spoke with told us the service was supportive of training and professional development, and we saw evidence to confirm this.

Staff also commented that they found the 'Grow Me' section on the company's electronic system very useful. This could be used to record what staff wanted to discuss with their manager. Also within the development section of the e-learning system was a learning catalogue which helped staff identify any areas of training they would like to undertake.

A programme of audits ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the patients records were audited for quality of content and to ensure appropriate referrals or actions were taken.

BUPA have Quality Facilitators with responsibility for distributing and central and local policies applicable to the centre. There was also a central quality mailbox for any queries or central policy change information.

Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback post consultation about the delivery of the service by email. The service had also gathered feedback from staff through a staff survey, through staff meetings, appraisals and discussion.

BUPA have their 'loved by customers' system as a way of measuring customer satisfaction. Surveys were emailed to patients after they had visited the centre. As well as standard satisfaction questions patients were given the opportunity to write any verbatim feedback or could request a call back from the centre to talk about their experience.

All patient feedback was collated by the central team and results were displayed weekly for staff to review. The

Are services well-led?

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

managers of each location could access feedback from their own location and other locations if they needed to. Any negative patient feedback would be discussed with the patient, if available, and could result as a record of complaint.