

Bupa Occupational Health Limited

Bupa Centre - Leeds

Inspection report

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Date of inspection visit: 19 March 2018
Date of publication: 27/04/2018

Overall summary

We carried out an announced comprehensive inspection on 19 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service, Bupa Centre-Leeds, was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Bupa Centre-Leeds offers a range of health assessments, GP services, musculoskeletal services, dermatology services and minor surgery. Physiotherapy services are also available at the location. These services are provided by GPs, health advisors and other healthcare specialists. The service is open Monday to Friday. Patients can book an appointment via the telephone or on-line. However, the service does not provide care to children or young people under the age of 18.

The Bupa Centre-Leeds, refers to individuals who use their service as customers and this is reflected throughout the report.

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-Leeds, some services are provided to customers under arrangements made by their employer, a government department or an insurance company with whom the service user holds a

Summary of findings

policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at Bupa Centre-Leeds, we were only able to inspect the services which are not arranged for customers by above mentioned parties.

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

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. Forty seven comment cards were completed, 44 of which were overwhelmingly positive about the service provided. The service was described as excellent or very good and the staff were described as professional and friendly. Of the three cards which contained less positive comments, one person commented on improvements which could be made to the environment and two customers stated the service did not meet their expectations. We also reviewed a comments book which was available in the customer waiting area. During the two months prior to our visit, 21 comments had been made, all of which described a professional, informative and caring service.

Our key findings were:

- The centre had a clear protocol in place for the management of safety alerts. These were disseminated to the staff team and reviewed and managed at a local and organisational level. A 'Clinical Effectiveness' bulletin was also available which updated clinicians on the latest guidelines, medicines and device approvals, published studies and articles of interest from the past month.
- Staff enjoyed working at the centre and felt very supported by the centre manager, the clinical team and the clear systems and processes of the organisation.
- There was an infection prevention and control audit in place with completed actions. We saw evidence that cleaning schedules were thorough and completed to a high standard.
- The centre conducted regular quality improvement activity and audits. This included the review of notes, clinicians' consultations and prescribing. The centre also participated in benchmarking activities with other Bupa services.
- Feedback from customers highlighted that staff treated customers with kindness and respect and they felt involved in decisions and treatment plans.
- Information about how to complain was available and evidence showed the centre responded quickly to any concerns raised. Learning from complaints was shared widely within the team and at a provider level.
- The vision and values of the organisation were embedded into the team. Staff discussed these with each other and with us on the day of inspection. They detailed how the values enabled them to give excellent customer service and supported them to speak out when things went wrong.

There were areas where the provider could make improvements are:

- Review and improve the registration process of customers to confirm their age and identity.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting, recording and reviewing significant events.
- There was a protocol in place for the management of safety alerts and these were disseminated to the staff team; and reviewed and managed at a local and organisational level.
- The centre manager had a comprehensive understanding and overview of the health and safety of the customers and the environment.

Are services effective?

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

- We saw that a range of services were offered to customers, however, clinicians were clear that only investigations which were clinically indicated and in the best interest of the customer would be considered.
- The centre conducted regular quality improvement activity and audits.
- We saw evidence that results and tests were actioned and fed back to customers in a timely manner. A 'failsafe' policy was in place to ensure that results were not missed.

Are services caring?

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

- The centre held a number of events within the local community to offer free health checks and promote healthy living.
- Feedback from customers highlighted that staff treated customers with kindness and respect and they felt involved in decisions and treatment plans.
- The vision and values of the organisation were regularly discussed and reviewed. Staff used these values to hold themselves to account and ensure that the customer experience was positive.

Are services responsive to people's needs?

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

- Information about how to complain was available and evidence showed the centre responded quickly to any concerns raised. Learning from complaints was shared widely within the team and at an organisational level.
- The service had made changes to the opening times of the centre and the physical environment as a result of customer feedback.
- We saw that customers could access routine assessments and routine or urgent GP consultations when required.

Are services well-led?

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

- There were effective clinical governance and risk management structures in place which enabled staff to feel supported in their role. There was a proactive approach to identifying and managing issues.
- The centre assessed risks to patients and staff and carried out comprehensive audits of clinical practice to enhance learning and ensure continuous improvement.

Summary of findings

- Regular clinical and non-clinical staff meetings took place and detailed and constructive notes were disseminated to the staff team.
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Bupa Centre - Leeds

Detailed findings

Background to this inspection

We carried out a comprehensive inspection of Bupa Centre-Leeds on 19 March 2018. The service is located at Trafalgar House, 29 Park Place, Leeds, LS1 2SP. The service is located in Leeds city centre and there are several car parks within a short walking distance. The centre is also accessible by public transport.

Bupa Centre-Leeds is registered with the Care Quality Commission to provide Doctors Consultation services and Doctors Treatment Services. The Centre is open between 8am and 7pm on a Monday and Wednesday and between 8am and 5.30pm on a Tuesday, Thursday and Friday. The service is available to fee paying customers. However, Bupa Centre-Leeds does not see children or young people under the age of 18 and their website is clear that there are no facilities for children at the centre.

Bupa Centre-Leeds offers a range of health assessments, GP services, musculoskeletal services, dermatology services and minor surgery. Physiotherapy services are also available at the location. These services are provided by GPs, health advisors and other healthcare specialists.

The inspection was led by a CQC inspector and included a second CQC inspector and a GP specialist advisor.

Prior to the inspection we reviewed a range of information we hold about the service and asked the provider to send us some pre-inspection information which we reviewed.

We informed Healthwatch and NHS England that we were inspecting the service; we did not receive any information of concern from them.

During our inspection we:

- Spoke with a range of staff including the GP clinical lead, two further GPs, the centre manager, three Health Advisors and a member of the administration team.
- Reviewed 47 comments cards where customers had shared their views and experiences of the service prior to our inspection.
- Reviewed a customer comments book in the reception area.
- Looked at information the centre used to deliver care and treatment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

We found that Bupa Centre-Leeds was providing safe services in accordance with the relevant regulations.

The area where the service provider should improve is:

The provider should review and improve the registration process of customers to confirm their age and identity.

Safety systems and processes

- The service managed health and safety effectively. They considered best practice guidelines and had clear policies and protocols in place which were regularly reviewed. Staff at Bupa Centre-Leeds were involved in the management and review of local guidelines. All changes in procedures were communicated widely to the team.
- There was an infection prevention and control audit in place with completed actions. We saw evidence that cleaning schedules were thorough and completed to a high standard.
- The practice carried out staff checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken every three years. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received an appropriate DBS check (a chaperone is a person who serves as a witness for both the patient and medical professional as a safeguard for both parties during an intimate medical examination or procedure). We saw that chaperones were routinely offered to all customers and that this was audited.
- Recruitment procedures were well managed and ensured that staff were suitable for the role. We reviewed three staff files and found that the appropriate recruitment checks had been undertaken. For example, proof of identity, registration with the appropriate professional body, references and qualifications had been sought and verified.
- Staff demonstrated they understood their roles and responsibilities and had received training relevant to their role. Whilst all staff had undertaken safeguarding adults training, not all staff had completed safeguarding children training. We discussed this with the centre who

informed us that talks were in place within the organisation with a view to rolling this out to teams in the near future. We saw that some staff had attended training on female genital mutilation (FGM) awareness. A lead clinician for safeguarding was in place who had completed level three child safeguarding training. However, the service does not provide care to children or young people under the age of 18.

- The centre manager liaised closely with the landlord of the building to ensure the safety of staff and customers. We saw that relevant health and safety checks had been undertaken for example, fire risk assessments, fire extinguisher checks, legionella and emergency lighting.

Risks to patients

Risks to customers were assessed and well managed. In the event that an emergency did occur we saw an alarm was available in all the consultation rooms and there was a protocol for staff to respond promptly.

- All staff had received basic life support training. Additional emergency training was provided for staff which involved the enacting of emergency 'scenarios' to replicate real life emergencies or untoward events.
- There were two oxygen cylinders within the centre with adult masks. Trained first aiders and a first aid kit were also available.
- The service had emergency medicines appropriate to the service and a defibrillator available. The systems for managing medicines, including vaccines, medical gases, and emergency medicines were comprehensive.
- We reviewed several pieces of disposable equipment including blood sample bottles and found that these were all in date.
- Clinicians had the appropriate indemnity cover to carry out their role.
- Centre staff were issued with a voucher to enable them to have an annual flu vaccine free of charge. The centre was aware of the hepatitis B status of all members of staff. Following our inspection we were sent a policy and a copy of an assessment which detailed that individual vaccination requirements were established and agreed with an occupational health clinician following a risk assessment on induction. This information was kept centrally.

Information to deliver safe care and treatment

Are services safe?

- An electronic system was in place to manage customer information. Customers were encouraged to consent to the centre sharing information from the consultations with their own GP.
- Customers were asked to confirm their name, date of birth and address on registration with the centre. However, the centre did not request proof of identification.
- A 'Clinical Effectiveness' bulletin was disseminated monthly which kept clinicians up to date with the latest guidelines, medicines and device approvals, published studies and articles of interest from the past month.

Safe and appropriate use of medicines

- The clinic had arrangements in place to deal with medical emergencies. We found that the management of emergency medicines, anaesthetics and equipment was comprehensive.
- A clear prescribing policy was in place. Clinicians told us they did not issue repeat prescriptions unless the circumstances were exceptional. The service did not see customers with long term conditions or children and young people under the age of 18 years.
- Medicines refrigerators were available at the centre which were monitored closely to ensure they remained at the correct temperature. On the day of our inspection there were no temperature sensitive medicines stored in the refrigerators.
- Prescription stationery was printed when needed and kept securely.

Track record on safety

- There was an effective system in place for reporting, recording and reviewing significant events. Staff told us they were actively encouraged to record issues. These were discussed at staff meetings and at one to one meetings where appropriate.
- Significant events were reviewed and managed at a local level and there was organisation oversight.
- The centre had a clear protocol in place for the management of safety alerts. These were disseminated to the staff team and reviewed and managed at a local and organisational level. A 'Clinical Effectiveness' bulletin was also available which updated clinicians on the latest guidelines, medicines and device approvals, published studies and articles of interest from the past month.

Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- When there were unexpected or unintended safety incidents: the service gave affected people reasonable support, truthful information and a verbal and written apology. The centre recorded all complaints, irrespective of severity, so that services could improve and lessons learned from these.

Are services effective?

(for example, treatment is effective)

Our findings

We found that Bupa Centre-Leeds was providing effective services in accordance with the relevant regulations.

Monitoring care and treatment

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and Public Health England (PHE) guidance.
- The centre benchmarked outcomes for customers against other similar services managed by the organisation; this included areas such as customer satisfaction. They were amongst the top performing centres.
- The centre participated in regular audits and quality improvement activity. We reviewed six audits undertaken since October 2017. We saw that outcomes included the discussion of a delayed prescribing policy as suggested by Public Health England (PHE), to reduce the prescribing of antibiotics. Outcomes were discussed with individual GPs and at team meetings.
- Doctors' consultation notes were reviewed at six monthly intervals by the clinical lead to ensure they were appropriate and meeting standards. Findings were discussed with individuals as necessary.
- The provider carried out unannounced visits to the centre to audit the provision of the service.

Effective staffing

- The centre had a clear induction programme that was followed and documented for new members of staff. This covered topics such as risk, fire, systems and quality as well as areas relevant to the role of the staff member. Staff were able to discuss their induction with us.
- We saw evidence that mandatory training was up to date and relevant to individual roles.
- The learning needs of staff were identified through one to one support and personal development plans (appraisals). Employed clinicians were allocated a training budget to allow them to explore relevant avenues of interest.

Coordinating patient care and information sharing

- We saw evidence that results and tests were actioned and fed back to customers in a timely manner. A 'failsafe' policy was in place to ensure that results were not missed.
- The information needed to plan and deliver care was available through the use of thorough initial assessment forms which were uploaded into the organisations electronic record.

Supporting patients to live healthier lives

- We saw that a range of services were offered to customers, however, clinicians were clear that only investigations which were clinically indicated and in the best interest of the customer would be considered.
- Where appropriate, customers were provided with a detailed report which explained the findings of their investigation or assessment and additional lifestyle recommendations.
- When clinically indicated; we saw that referrals were made to other health care providers and these were completed in a timely manner.
- The centre held a number of events within the local community to offer free health checks and promote healthy living throughout the year. For example a 'men's health' event with a local supermarket. Staff had also attended a children's day to give advice around nutrition to young people and a breast awareness event was held in conjunction with a local Leeds based charity which helped raise money for their work.

Consent to care and treatment

- The policy of the centre was to offer a chaperone to both male and female customers at every consultation. An audit of this evidenced that this had occurred in eight out of the ten consultations reviewed and the outcomes were discussed with the clinical team.
- We saw a health clinics consent policy and customers were asked to sign a consent form before any treatment or clinical procedure was carried out. The policy detailed the responsibility of the provider and the customer.
- Staff at Bupa Centre-Leeds encouraged customers to allow them to share medical information with their usual GP. There was a consent form in place for this. If customers did not consent to share information with their usual GP, the clinicians at the centre would consider if it was in the best interests of the customer for any medicines to be prescribed.

Are services caring?

Our findings

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

The vision and values of the organisation were regularly discussed and reviewed. Staff used these values to hold themselves to account and ensure that the customer experience was positive. Staff at the Bupa Centre-Leeds told us they were asked to evidence how they upheld the values of the organisation at regular one to one meetings.

Customers using the service were sent a link to a national survey following their consultation. The Bupa Centre-Leeds customer satisfaction survey score had increased from a score of 64 in 2016 to 72 in 2017. This is not a percentage score as negative results could also be recorded from minus 100 to plus 100. The average score across clinics within the organisation was 64. The centre benchmarked positively against other similar services.

Kindness, respect and compassion

- Feedback from customers highlighted that staff treated customers with kindness and respect and they felt involved in decisions and treatment plans.
- We saw that staff were polite and respectful to customers and each other: both in the centre and on the telephones.
- Staff at the centre had won awards from the provider organisation for the Manager of the Year and the Admin Team of the Year in 2017.
- Staff told us that the needs of the customer always came first.

Involvement in decisions about care and treatment

- CQC comment cards completed before our inspection showed that patients felt they were involved in decisions about their care and treatment. Customers described staff as professional, informative and helpful.
- Of the 21 comments we reviewed in the reception area comments book, a number of these noted that customers had felt involved in their care and treatment.
- Information for customers about the services available and the cost of these services was clear and easy to understand.

Privacy and Dignity

- We saw that the centre had taken additional steps to ensure the privacy and dignity of customers whilst they were accessing their services. Consultations could not be overheard.
- Showers and lockers were available for customer use.
- We saw that customers who had been asked to provide a urine sample could leave this in the toilet area; this meant the customer could walk back through public areas without carrying the sample. A code was attached to the sample bottle which did not identify the person to others and this was then collected promptly by a staff member.
- Several customers described their reason for the visit as personal and potentially embarrassing. However: these customers noted that the professionalism of the staff avoided any embarrassment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that the Bupa Centre-Leeds was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

- A lift was available for customers to use if needed and a hearing loop was available.
- Facilities were comfortable and welcoming with refreshments available. The treatment and consultation rooms were clean, spacious and well equipped.
- Some tests were conducted by the centre, for example cholesterol checks, and results were available to the customer the same day.
- Centre staff had been trained in customer care and following this a project was completed where staff and clinicians were educated about other roles.
- The centre offered consultations to customers who requested these and were able to provide the appropriate fee.

Timely access to the service

- Customers could book and pay for their consultations online or over the telephone.
- The centre offered appointments Monday to Friday and had recently began to offer appointments until 7pm on

a Monday and Wednesday in response to customer feedback. Staff told us they did not feel under pressure to complete procedures and were not pressurised to recommend additional checks or assessments.

- We saw that customers could access routine assessments and routine or urgent GP consultations when required. On the day of inspection we were told that the centre was almost always able to offer an on-the-day appointment. Customers could also access appointments at other Bupa clinics if they preferred for convenience.

Listening and learning from concerns and complaints

- Information about how to complain was available and evidence showed the centre responded quickly to any concerns raised. A complaints policy was in place.
- We saw that 16 complaints had been received by the centre within the last twelve months. All the complaints we reviewed had been responded to and where necessary patients had received a satisfactory response. Changes were made to the service as a result of complaints. Staff were trained to record any 'expression of discontent' to ensure that any customer feedback was captured at all times.
- Learning from complaints was shared widely within the team, individually and at staff meetings and at a provider level. Staff told us they were proactively encouraged to capture all complaints so that lessons could be learned from these.

Are services well-led?

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

Our findings

We found that Bupa Centre-Leeds was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

- On the day of inspection the leaders within Bupa Centre-Leeds demonstrated they had the experience, capacity and capability to run the centre and ensure compassionate and responsive high quality care. They told us they prioritised safe, high quality, individualised care. The link between local leadership and the parent organisation was evident and effective.
- We were told leaders within the centre were approachable and that they, and the provider organisation, followed national guidance and protocols and promoted high standards in a supportive manner to the team. Staff were aware of their roles and responsibilities and felt very supported by the centre manager.

Vision and strategy

- The vision and values of the organisation were embedded into the team and regularly discussed and reviewed. Staff used these values to hold themselves to account. At monthly supervisions staff were asked to evidence how they felt they were meeting the values of the organisation. Staff told us the values enabled them to give excellent customer service and supported them to speak out when things went wrong.
- There was a development plan for the centre which was regularly reviewed at a local and provider level.
- The centre had an up to date Statement of Purpose.

Culture

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The provider and centre manager encouraged a culture of engagement, fairness, openness and honesty.
- The 'Speak Up' initiative ensured that any whistleblowing concerns could be raised at a local or organisational level and would be investigated by a person independent to the centre.

Governance arrangements

- Bupa Centre-Leeds is part of a national organisation which had extensive governance and management systems in place to provide guidance and protocols as well as the hierarchy to manage the service and ensure high quality care. There was a clear and supportive management structure in place at a local and an organisational level.
- A clear organisational structure was in place and staff understood their roles and responsibilities.
- There were effective clinical governance and risk management structures in place which enabled staff to feel supported in their role. There was a proactive approach to identifying and managing issues.
- The centre had a number of policies and procedures to govern activity. These were reviewed at organisational level and updated when necessary. Staff at all levels were involved in the development and review of locally specific policies and protocols.
- Regular clinical and non-clinical staff meetings took place and comprehensive and constructive notes were disseminated to the staff team and displayed on a staff information board.

Managing risks, issues and performance

- There were a number of daily, weekly and monthly checks which were in place to monitor the performance and safety of the service. We saw these were completed as necessary.
- A centre risk register was in place and this was regularly reviewed and updated. The centre manager was able to discuss actions taken from this in detail. For example, a risk had been identified whereby it was possible for a first aider not to be on the premises. The centre manager had highlighted this and was arranging additional training for staff.
- There was a comprehensive understanding of both organisational and local performance.

Appropriate and accurate information

- All staff had signed confidentiality agreements as part of the induction programme.
- Quality, sustainability, performance and forward planning were discussed in relevant meetings where staff had sufficient access to information. Quality and operational information was used to ensure and improve performance.

Are services well-led?

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

- The centre made referrals to other services where appropriate and shared information with other services when it was appropriate to do so; with the consent of the customer.

Engagement with patients, the public, staff and external partners

- The centre encouraged and valued feedback from customers and staff. It proactively sought feedback from patients after each consultation via an online survey. These results were then reviewed and analysed and we saw that changes were made as a result of feedback. For example; the centre opened later two evenings a week as a result of customer comments.
- Centre staff attended and organised a number of community events offering their expertise to the public.

- Staff and their families could access anonymous support and counselling and a 24 hour health line managed by remote doctors and nursing staff.

Continuous improvement and innovation

- The centre assessed risks to patients and staff and carried out quality improvement activity and comprehensive audits of clinical practice to enhance learning and ensure continuous improvement.
- The centre manager regularly reviewed a development plan with senior management which incorporated issues and suggestions made by customers.
- We saw that the centre was open to challenge from others and themselves and were keen to embrace innovation and new ways of working which would enhance customer care.