

# Bupa Wellbeing Support Services

## Inspection report

102 The Quays  
Salford  
M50 3SP  
Tel: 0161497114  
www.bupa.com

Date of inspection visit: 17/02/2020  
Date of publication: 20/02/2020

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

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 Wellbeing Support Services on 17 January 2020 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Members were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Member feedback should be gathered by the service.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Bupa Wellbeing Support Services

Bupa Wellbeing Support Services is based in a telephone contact centre and offers telephone advice and support concerning health and well-being to members who are members of the service.

The centre is based in Salford Quays and staff speak with members from all over the United Kingdom. Members using these services do not visit this location and all advice is given over the telephone. The service handles over 3000 calls a month. Members are able to call up the service for health advice from a registered nurse. The most common call symptoms include digestive problems, musculoskeletal, neurology and dermatology. The service is also able to offer telephone calls with a GP if appropriate.

Bupa Wellbeing Support Services is registered for Transport services, triage and medical advice provided remotely.

The service employs 19 clinical nurses as well as a team of four non-clinical admin co-ordinators and a leadership team. The governance team is formed of clinical and non-clinical leads. The service operates 24 hours a day, 365 days a year.

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

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

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

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

# Are services safe?

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

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support members and protect them from neglect and abuse. For example, we looked at a safeguarding referral made to a local social services due to concerns of a member. Staff took steps to protect members from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Some members of staff had completed a 'train the trainer' course and these staff members then delivered safeguarding workshops to other employees.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe.

## Risks to members

There were systems to assess, monitor and manage risks to member safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage members with severe infections, for example sepsis.
- Staff told members when to seek further help. They advised members what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept members safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service had a system in place to confirm the identity of the member when a call was taken.

## Appropriate and safe use of medicines

The service did not prescribe or administer medicines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

## Lessons learned and improvements made

## Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The service used the Datix system for recording significant events.
- The service learned from external safety events and member safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

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

## Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included use of a structured assessment tool.
- Members' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where members needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, directing a member to call 999. We saw an example of a member phoning the service and presenting with symptoms of a heart attack. The nurse call handler emphasised the importance of calling 999 and attending hospital. The nurse followed this call up later on the same day and was informed that the member had been admitted to hospital for an emergency stent.
- We saw no evidence of discrimination when giving medical advice or triaging.
- Arrangements were in place to deal with repeat members. There was a system in place to identify frequent callers and members with particular needs, for example members with mental health needs.

## Monitoring care and treatment

Clinical advice was monitored through a quality assurance process.

- The service carried out call audits. Two calls per call handler per month were randomly selected and awarded a rating out of four. Feedback was given to the call handler if the rating score was two or below.
- In 2019, 550 call audits were carried out and the average score was 3.4 out of a possible 4.

- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. This included immediate feedback or discussions during one to ones. The service used information about care and treatment to make improvements.
- Internal audits were carried out on different departments of the service. Actions from the audit was communicated to staff in the monthly 'quality bulletin'.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as using the systems, health and safety and safeguarding.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Members received coordinated and person-centred care. Staff communicated promptly with member's registered GP's so that the GP was aware of the need for further action. Staff also referred members back to their

## Are services effective?

own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.

- Member information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different members, including those who may be vulnerable because of their circumstances.

### Helping members to live healthier lives

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

- The service identified members who may be in need of extra support. Staff had been trained in equality and diversity.

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to members and their normal care providers so additional support could be given.
- Where members needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

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

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

# Are services caring?

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

## **Kindness, respect and compassion**

Staff treated members with kindness, respect and compassion.

- Staff understood members' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all members.
- The service gave members timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- All of the five member Care Quality Commission comment cards we received from staff members that also had used the service were positive about the service experienced. Some of the comment cards described the service as 'excellent'.

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

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

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

## **Privacy and dignity**

The service respected and promoted members' privacy and dignity.

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



# Are services responsive to people's needs?

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

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

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

- The provider understood the needs of its population and tailored services in response to those needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, a register was kept of frequent callers.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service.
- The service was responsive to the needs of people in vulnerable circumstances. For example, support was offered to members with mental health issues.

## **Timely access to the service**

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

- Members were able to access care and treatment at a time to suit them. The service operated 24 hours a day, 365 days a year.

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Referrals and transfers to other services were undertaken in a timely way. For example, the member could be offered a phone call with a GP if appropriate.

## **Listening and learning from concerns and complaints**

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated members who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There were 30 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way. Where possible, the service tried to resolve the complaint immediately.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Call recordings were listened to when a member complained and we saw evidence of learning from complaints being shared with staff members.

# Are services well-led?

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

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for members.

- There was a clear vision and set of values which we observed were displayed throughout the building. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with members, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of members.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- The service offered a staff benefits scheme to employees which included access to a free gym, health assessments, and free eye tests.
- There was a strong emphasis on the safety and well-being of all staff. For example, employees could choose to work from home for part of the week.
- A monthly newsletter went out to staff to inform them of changes within the service
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.

# Are services well-led?

- 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 member safety. The service used the 'three lines of defence' model to manage risks. The model enabled a culture of openness and accountability and aimed to ensure that all employees were clear about their roles and responsibilities in relation to risk management.

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

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

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

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of member identifiable data, records and data management systems.

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

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

- Members were able to give verbal feedback about the service during a call but there was no other way to gather the views of members. The senior leaders were aware that this was an area for improvement and plans were in place to implement a formal feedback system.
- Staff were able to describe to us the systems in place to give feedback. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation and there were systems to support improvement and innovation work.