

Bupa Health and Dental Centre - Chancery Lane

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Health and Dental Centre - Chancery Lane, 123 Chancery Lane, London WC2A 1PP to enable the Commission to provide a quality rating for the services provided.

The service provides private GP-led consultations and treatment, health assessments, ear microsuction and physiotherapy. The provider has an in-house dental service at the same location, dental services were not included within the scope of this inspection.

There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 such as physiotherapy and occupational health services under arrangements made by a patients' employer, a government department or an insurance company. These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect some of the services which are provided to patients.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist adviser.

Background to Bupa Health and Dental Centre - Chancery Lane

Bupa Health and Dental Care – Chancery Lane operates at 123 Chancery Lane, London, WC2A 1PP. The provider is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and surgical procedures.

The service provides pre-bookable face-to-face private GP and health assessment appointments for adults over the age of 18, including ear microsuction. Patients can be referred by the provider to other services for diagnostic imaging and specialist care.

The service is open from 8am to 6pm Monday to Friday and sees on average just over 400 patients per month. Patients requiring advice and support outside of those hours are advised to use the NHS 111 service.

The clinical staff team are six doctors including the lead physician, five further doctors that are self-employed or employed on a locum basis, and five health advisers. The non-clinical staff team are four managers including the centre manager, team managers, and reception and administrative staff.

The centre manager is the CQC registered manager responsible for the day-to-day running of the service. A CQC 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.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider.
- Gathering information from staff through written feedback, interviews on site, and through video conferencing.
- Completing clinical records reviews and discussing findings with the provider.
- A site visit including observations of the environment and infection and prevention control measures.

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.

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

- Consider reviewing and improving elements of clinical auditing.

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Are services safe?

We rated safe as good.

Safety systems and processes

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

- The provider conducted safety risk assessments such as fire safety in May 2022 and for legionella to ensure water safety in June 2022. Actions were undertaken to manage safety issues in line with risk including water testing and descaling of taps, and checklists to clear combustible materials from an electrical intake room.
- The provider had appropriate health and safety policies and procedures such including for reporting accidents and incidents and these were reviewed and communicated to staff.
- The service offered care and treatment to adults over 18 years of age only and had systems to safeguard vulnerable patients from abuse.
- The service had arrangements in place to work with other agencies to support patients and protect them from neglect and abuse. We saw evidence the service had identified two safeguarding adults considerations and both were managed appropriately.
- 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).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff received up-to-date safeguarding and safety training appropriate to their role including in areas such as domestic abuse and female genital mutilation (FGM). They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including for safely managing healthcare waste.
- Infection control audits and related actions were undertaken including refilling hand sanitisers and decluttering.
- The service premises and equipment were clean and tidy and cleaning schedules were implemented and checked.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, such as electrical equipment safety testing and calibration of clinical equipment.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system including for temporary staff if needed. We saw that staff worked across the provider's sites to cover each other if necessary.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis and clear guidance was available for staff to refer to.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines including emergency medicines and equipment minimised risks.
- No vaccines were administered and no controlled drugs were held.
- No prescription stationery was kept. Individual prescriptions were individually generated and signed on issue by the prescribing doctor. Each prescription had an auto generated unique identification number that ensured prescriptions security and allowed prescribing to be monitored.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- There were no serious adverse events or incidents, but 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.
- Staff identified incidents and themes and took action to improve safety. We saw the service contacted patients promptly and apologised (where appropriate), and that learning was shared during clinical and wider staff meetings.

Are services safe?

- For example, after an electrocardiogram (ECG) reading was not managed appropriately. The service identified this issue as part of ongoing quality checks and ensured the patient was promptly followed up. An electrocardiogram (ECG) is a test that can be used to check your heart's rhythm and electrical activity. The patient was appropriately referred to a cardiologist and a one to one meeting was held with the doctor that was responsible for the patients' care. The doctor received training and oversight from the lead physician to prevent recurrence.
- In a second example, a blood test was delayed arriving at the laboratory which caused a false test result that was invalid but indicated the patient should receive emergency follow up. The blood test was immediately repeated and was normal and no harm came to the patient. Staff apologised to the patient and investigated the issue. A new system was implemented to ensure all blood samples earlier collection. The service also shared learning with the blood testing laboratory.
- The provider was aware of and complied with the requirements of the Duty of Candour and 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.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- Safety alerts were notified at provider level and cascaded to relevant members of the local team for additional follow up where required.
- We saw an example of a safety alert relating to two specific medicines that was managed appropriately. The lead physician also checked medicines safety alerts retrospectively, in case they had been prescribed in the preceding six months.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including temporary staff.

Are services effective?

We rated effective as good.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards; for example, National Institute for Health and Care Excellence (NICE) best practice guidelines for antibiotics prescribing.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service patient cohort was predominantly patients wanting a one off health assessment and GP appointments. The service did not hold a list of registered patients to provide ongoing care and treatment, such as for long term conditions.
- The service held patients information on its IT systems and ensured appropriate continuity of care. For example, by referring a patient to their own GP or secondary care if needed and ensuring this process was monitored and seen through.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements such as through audits. Audits documentation did not always include information such as standards set, detail of evidenced based references or findings. However, the service had monitored and made improvements through the use of completed audits such that to monitor and improve impact the quality of care and outcomes for patients.
- Monthly prescribing audits, antibiotics audits, ECG audits, and audits of patient records documentation were undertaken.
- Audits were undertaken by the lead physician and there was clear evidence of action to resolve concerns and improve quality. For example, after an audit showed an isolated occasion where a controlled drug had been prescribed which was investigated by the lead clinician to review the circumstances. Learning was shared at a clinical meeting and ongoing controlled drugs were included in the monthly audits that had not shown any repeat prescribing of the controlled drug.

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.
- Relevant medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them.

Are services effective?

- Up to date records of skills, qualifications and training were maintained and staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, there were clear and effective arrangements for following up on patient's blood test results and referrals to other services.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The service had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, repeat medicines where monitoring is required for ongoing treatment of long-term conditions such as asthma.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was managed promptly and appropriately, including for issues such as potential self-harm and domestic violence. We saw evidence the provider coordinated care and treatment with other services as and where needed.
- Patient information was shared appropriately, including when patients moved to other professional services.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the pre-consultation template included questions regarding alcohol consumption, exercise, and smoking for clinical staff to consider and advise on during the consultation.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making, such as during consultations involving intimate examinations and procedures such as cervical screening.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of customer care and clinical care patients received. Patient satisfaction surveys were sent to individual patients after their consultation. Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We observed that staff treated patients with kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language and patients were informed this service was available.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Systems were in place to consider patients with learning disabilities or complex social needs to ensure family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids such as a hearing loop and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations could not be overheard.
- Patient information was stored securely, and staff had completed General Data Protection Regulation (GDPR) training.

Are services responsive to people's needs?

We rated responsive as good.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service had a facility to undertake some blood tests analyses on site for patients almost immediate or same day results.
- The facilities and premises were appropriate for the services delivered including a wheelchair accessible toilet, and breastfeeding and baby changing facilities were available.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had a large face digital clock that included the day and date in large font for patients that may be experiencing visual or cognitive impairment.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way including to secondary care.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- Systems to receive, investigate and manage complaints were effective and staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service was subscribed to the Independent Sector Complaints Adjudication Service (ISCAS) which provides independent adjudication on complaints.
- The service had complaint policy and procedures in place.
- The service learned lessons from individual concerns, complaints and from analysis of trends including at provider level. It acted as a result to improve the quality of care. For example, after a complaint regarding an appointment that was rescheduled at short notice due to staffing issue that was outside the providers control. Staff immediately contacted the patient to apologise and offer an alternative arrangement at the patients' convenience. The incident and factors that gave rise to the complaint were investigated and learning was shared. Actions were taken to improve and prevent recurrence including further staff training. The patient was satisfied with the complaint process and outcome.

Are services well-led?

We rated well-led as good.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients which was reflected in its mission statement “happier, healthier, longer lives”.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated such as when responding to incidents and complaints, and the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical and non-clinical staff were considered valued members of the team and given time for evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff. The service implemented flexible working arrangements for staff and held “listening sessions” for staff.
- The service actively promoted equality and diversity and staff had received equality and diversity training and felt they were treated equally.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance that was discussed at location and provider levels and with clinical and non-clinical staff, such as during meetings.
- Performance monitoring metrics included patient satisfaction and experience and clinical care outcomes.
- Performance of clinical staff could be demonstrated through supervision and audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact care and treatment outcomes for patients and the lead physician intended to further improve elements of clinical auditing.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, staff acted on patient feedback by improving toiletries stocked in the accessible toilet.
- Staff could describe to us the systems in place to give feedback such as one to one and wider staff meetings, and at listening sessions that were held for staff.
- We saw evidence of feedback opportunities for staff and that staff ideas for improvement were implemented, for example to stop using disposable cups made from plastic.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, Bupa has signed up to supporting Britain's Paralympic team and staff told us part of this process was to learn from the team to help plan improvements, such as accessibility.