

Bupa Centre - Manchester

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 Centre - Manchester on 21 October 2021 as part of our inspection programme and to provide a rating for the service.

Bupa Centre-Manchester provides a range of services; health assessments, GP services and musculoskeletal services. Physiotherapy services are also available at the location. These services are provided by a range of staff, including GPs, sports and exercise physicians, health advisors and other healthcare specialists. Appointments can be booked online or by telephone. Services are only available to clients over the age of 18 years.

The Bupa Centre - Manchester refers to people accessing their service as customers, and this terminology is reflected throughout the report.

The service is registered with the Care Quality Commission (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-Manchester, some services are provided to customers under arrangements made by their employer, a government department or insurance company with whom the service user holds a policy. These type of arrangements are exempt by law from CQC regulation. Therefore, during our inspection we were only able to evaluate the services which are not arranged for customers by any of the above mentioned agencies.

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.

Our key findings were:

- The centre was clean and hygienic. Infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place to manage risks so that safety incidents were less likely to happen.
- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- 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.

Overall summary

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a strong focus on continuous learning and improvement throughout the service. Staff were proud to work at the centre.

We saw the following outstanding practice:

- There was a strong emphasis on the safety and well-being of all staff. The service had just introduced a monthly well-being hour. This was an hour at the end of the day where staff could take time to focus on their well-being in or outside of the work environment.

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

- The service should consider having doctors and the clinical lead contribute to the monthly team meetings.

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 second CQC inspector and a specialist adviser.

Background to Bupa Centre - Manchester

Bupa Centre – Manchester offers a range of pay-as-you-go health and wellbeing services. Patients can book a health assessment to get a picture of their current health, along with guidance on how to improve it in the future. Private GP appointments, physiotherapy and muscle, bone and joint services are available too. Services are only available to clients over the age of 18 years.

The service is registered at:

4 Marble Street

Spring Gardens

Manchester

M2 1FB

The purpose-built centre is in the city centre, in reach of local transport links. There is limited on street pay and display parking bays situated outside the clinic. There are a number of pay and display car parks that are within a short walking distance. Manchester Piccadilly train station is also a short walk away.

Bupa Centre – Manchester is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The centre is open:

Monday 8:00am to 6:00pm

Tuesday 8:00am to 6:00pm

Wednesday 8:00am to 6:00pm

Thursday 8:00am to 6:00pm

Friday 8:00am to 6:00pm

Saturday Closed

Sunday Closed

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 before the inspection.
- A short site visit
- Reviewing the provider's website and service feedback websites.

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?

We rated safe as Good because:

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

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 appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The centre manager explained an incident where they had spoken to social services about a vulnerable patient.
- 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)
- Locum doctors were recruited on a self-employed contract. This meant the centre manager was responsible for carrying out checks at the time of recruitment. We saw evidence of the recruitment checks including references during our inspection.
- The recruitment checks for staff recruited as Bupa employees was carried out by a separate recruitment team from Bupa. They held the recruitment evidence centrally. We asked to see evidence of references for three members of staff who were recruited over three years ago. This could not be located by the central recruitment team. However, we asked the centre manager to confirm that references for staff employed in the past two years were held. The centre manager confirmed the references were in place.
- All staff received up-to-date safeguarding and safety training appropriate to their role. 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.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to 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 for agency 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 patients with severe infections, for example sepsis.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were systems and processes to manage the deteriorating patient including a resuscitation policy, managing unwell patients' policy, basic life support (BLS) training for all staff, and a quarterly emergency scenario.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service would communicate with the patient's NHS GP when appropriate with consent from the patient.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing oxygen, injections for musculoskeletal (MSK) treatments and emergency medicines and equipment minimised risks. The service kept prescription stationery secure and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- A companywide audit was carried out for prescribing with an action plan for all centres. One action included adding information on antibiotic stewardship in the Bupa prescribing policy, this was completed October 2020.
- During our inspection we saw an unsecure oxygen cylinder on a countertop in a staff only area. We raised this with the service, and this was rectified on the day of inspection.
- The service does not routinely prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines 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.
- The service recorded all incidents, including near misses on the incident management system that all staff has access to and were trained to use.

Are services safe?

- The total number of incidents recorded between October 2020 to October 2021 was 71. These incidents were given a severity rating. The breakdown of these incidents by severity is as follows: 56 incidents of no/negligible severity, 14 incidents of minor severity and one incident of moderate severity. An example of a negligible severity incident was a health adviser had to self-isolate due to coming into close contact with someone that has tested positive for COVID-19 and their appointments rescheduled.

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. 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.
- During our inspection we saw evidence that incidents reported at the service were investigated and initial actions taken. The incident was then investigated including a root cause analysis and any lessons learnt implemented.
- As the Covid-19 pandemic progressed, the service continually reviewed and updated their Standard Operating Procedure in line with Public Health England guidance. An improvement made to the Standard Operating Procedure following an incident at the service was to provide clarity on actions to be taken when an individual is notified as a contact.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including locum staff.

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw examples of clinical effectiveness bulletins which were disseminated monthly to clinicians.
- 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.
- Staff assessed and managed patients' pain where appropriate.
- Patients were able to access the service and make appointment bookings online. Each patient was provided with a unique identifier at the time of booking and emailed their appointment details.
- The service maintained security of personal information by use of encrypted emails when communicating with external sources.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service participated in provider wide full cycle audits and implemented changes locally where required. For example, the provider conducted a mammography audit. This audit found a mammography result may have been insufficiently communicated to the customer. As a result of this the service has implemented a monthly tracking tool to check results are communicated to patients.
- Audits had a positive impact on quality of care and outcomes for patients. For example, the service conducted a local audit of documentation in March 2021 and found that the offer of a chaperone was documented 91% of the time, consent to physical examination was documented 93% of the time, consent to contact the customer's GP was documented 98% of the time and a summary of mental health and wellbeing was documented 98% of the time. The service implemented a meeting with the clinical lead and clinicians and actions were shared in the monthly bulletin. The service conducted a second audit in August 2021 and found consent to contact the customer's GP was documented 100% of the time and a summary of mental health and wellbeing was documented 100% of the time. The service acknowledged that improvement was still needed with offer of a chaperone documentation still at 91% of the time and consent to physical examination was still documented 93% of the time.

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.
- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The service had an internal intranet system that provided staff with timely reminders for mandatory training and had details of opportunities for staff to complete additional training to develop their skills.

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, if the clinician believed an urgent referral was needed, the patient was given the option to have a referral to the private sector or NHS. In both cases the patients' GP was informed with consent.
- 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 on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- There were clear and effective arrangements for following up on people who had been referred to other services.

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. The service placed significant emphasis on healthy lifestyle advice from medical staff and health advisors.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service provided different levels of health assessment that patients could choose between.
- The health assessment was a preventative health check that used medical and non-invasive tests to give the patient an in-depth health and wellbeing overview. Health advisers carried out all the assessments at the centre and would discuss any specific health concerns the patient may have. If needed, the health advisor could arrange NHS follow-up appointments or private GP referrals for further treatment or diagnostic tests, too. As part of the assessment, patients would have 12 months of health and wellbeing support from the service to help patients achieve their long-term health and fitness goals.
- Anyone was able to book a health assessment with the centre; patients did not need to be an existing Bupa member.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported 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 because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received and took action based on feedback to improve the quality of care.
- The service asked for feedback after each appointment using a survey. The results were analysed by the service and actions identified and circulated to staff. For example, following feedback a bulletin update to doctors reminded them to ask the patient at the beginning of the consult if there was anything the patient wanted to discuss before going ahead with the set format.
- The service tracked improvement using the feedback received from patients and assigning scores to feedback. The provider target score was 69 with a stretch target of 72. Bupa Centre – Manchester had achieved a score of 77 out of 100 for 2021.
- 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.

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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. The service gave an example where, with consent, a patient's family member was allowed to attend the consultation for support despite COVID restrictions.
- Staff communicated with people in a way that they could understand, for example, communication aids and using clear panel masks to enable lip reading when appropriate.

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.

Are services responsive to people's needs?

We rated responsive as Good because:

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

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service had good access for wheelchair users and disabled toilets and would allow longer appointments for patients with learning difficulties. The service identified they did not have a hearing loop at the time of inspection and planned to have one fitted.

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.
- Patients reported that the appointment system was easy to use.
- Referrals to other services were undertaken in a timely way. The service sent urgent referrals to the patients GP by email rather than letter following a complaint where the GP did not receive the letter.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. 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. This included the contact details for the Independent Sector Complaints Adjudication Service (ISCAS) when appropriate.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Patients could make a complaint by letter, email and phone call. There was provision for people with hearing or speech difficulties to make a complaint.
- At the time of inspection, the service had received 11 complaints since October 2020. We reviewed four complaints. They were investigated and a response sent to the complainant. We saw evidence that learning from complaints was discussed in the team meetings. For example, urgent referrals were now emailed to patients' NHS GP rather than posted.

Are services well-led?

We rated well-led as Good because:

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

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. Leaders worked closely with staff to make sure they prioritised customer focused and ethical standards of care.
- 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.
- Bupa had a clear purpose; 'helping people live longer, healthier, happier lives and making a better world' and ambition to be the world's most customer-centric healthcare company. These were underpinned by strategic and enabling pillars; customers, growth, transformation, sustainability, data and agile culture.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- As part of staff induction, all staff were trained in understanding the Bupa Code. This included putting customers first, staying safe and well, acting ethically, working to high professional standards and taking care of the planet.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. The service had just introduced a monthly well-being hour. This was an hour at the end of the day where staff could do anything, they wanted to do to improve their well-being. For example, they could go home early or go for a walk.
- 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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff were clear on their roles and accountabilities. Staff had responsibilities additional to their role such as patient feedback champion and quality facilitator. These roles report during team meetings to keep the whole team updated on their specialist area.
- The service had monthly team meetings. Agenda items included patient feedback, quality improvement, incidents, complaints, safeguarding, health and safety and COVID updates. We reviewed the last three meeting minutes. The meeting minutes were clear and included an action tracker that showed who was responsible and timelines for any actions. However, there was no meeting in August due to staff on annual leave and doctors and the clinical lead were not in attendance for the meeting minutes we reviewed.

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. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The centre manager had oversight of safety alerts, incidents, and complaints.
- Clinical and non-clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. The service conducted quarterly emergency scenarios. The most recent scenario identified the response to the emergency sound was not as quick as it should have been, this was due to staff not knowing where the sound was coming from. As a result, the health advisor team manager ensured that all staff listened to the different panic alarm sounds and where they were located.

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.

Are services well-led?

- The service used performance information which was reported and benchmarked with other Bupa centres across the country.
- 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 patients, 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. The service asked for feedback after each appointment using a survey. The results were analysed by the service and actions identified and circulated to staff. For example, following feedback the service added information about nearby car parks to the website.
- Staff could describe to us the systems in place to give feedback. Staff described an 'open door' policy with the centre manager. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. Regular team meetings also facilitated staff feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- Staff were provided with time to reflect and learn in order to develop their skills and knowledge.
- There was a focus on continuous learning and improvement.
- Incidents and complaints were reviewed at a local, regional and national level within the Bupa organisation. Learning was shared and used to make improvements.
- The centre manager and clinical lead encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service placed an emphasis on using patient feedback through the net promoter score (NPS) system to improve the service. This information was reviewed and discussed in team meetings and actions taken as a result.
- The Bupa governance team conducted an unannounced first line audit (FLAT) on the centre as part of Bupa's annual audit inspections schedule. The purpose of this audit was to assess the centre using the safe, effective, caring, responsive and well led domains and award an internal rating. The audit identified areas to make improvements concerning the business such as displaying information about treatments in the reception area. The audit detailed that the centre was responsive to the actions shared and began work on them immediately.