

Bupa Insurance Services Limited

Bupa Insurance - Anchorage

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

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

BUPA Insurance Anchorage is based in a telephone contact centre and offers telephone advice and support concerning health and well-being to patients who are registered with the service. BUPA Insurance staff also process medical insurance claims. The centre is based in Salford Quays and staff speak with patients from all over the United Kingdom. Patients using these services do not visit this location and all advice is given over the telephone.

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- Safeguarding arrangements were in place to protect vulnerable patients from abuse and all staff were aware of how to deal with safeguarding concerns.
- We saw evidence that the service shared information with other providers in line with consent policies.
- Policies we looked at were up to date and aligned with working practice within the organisation.
- Training records were up to date and a training matrix was in place to monitor staff training.

Summary of findings

- The service routinely reviewed the effectiveness and appropriateness of the care they provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Safety was seen as a priority.
- Service performance was monitored and reviewed and improvements implemented.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal incidents were discussed to support improvement. Information about safety was valued and used to promote learning and improvement.
- Staff took action to safeguard patients using the service and were aware of the process to make safeguarding referrals
- Clinical advice and support was readily available to call handlers

Are services effective?

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

- Daily, weekly and monthly monitoring and analysis of the service achievements was measured against key performance targets.
- Appropriate action was undertaken where variations in performance were identified. Staff were trained and rigorously monitored to ensure safe and effective use of internal pathways.
- Staff received annual appraisals and personal development plans were in place, and had the appropriate skills, knowledge and experience.
- Staff ensured that consent as required was obtained from patients using the service and appropriately recorded. There was an effective system to ensure timely sharing of patient information with the relevant support service identified for the patient and their GP.
- Patient's records were well managed, and, where different care records existed, information was coordinated.
- Staff used the directory of services and the appropriate services were selected.

Are services caring?

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

- Feedback from patients about the service was predominantly positive.
- Patients using the service were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient's confidentiality.

Are services responsive to people's needs?

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

- The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.

Summary of findings

- The provider implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback.
 - There was a comprehensive complaints system and all complaints were risk assessed and investigated appropriately.
 - Action was taken to improve service delivery where gaps were identified.
 - Staff were alerted, through their computer system, to patients with identified specific clinical needs and for safety issues.
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Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The senior leaders were visible and accessible to staff.
 - The provider had clear and appropriate policies and procedures to govern activity. Regular meaningful engagement with staff took place and there was evidence that this delivered their intended outcomes, whether strategic or operational
 - There were effective systems in place to monitor and improve the service
 - The provider had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
 - Governance and performance management arrangements had been proactively reviewed and took account of current models of best provider.
 - There was a high level of constructive engagement with staff.
 - The provider proactively sought feedback from staff and patients using the service, which it acted on.
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Bupa Insurance - Anchorage

Detailed findings

Background to this inspection

BUPA Insurance Anchorage is based in a telephone contact centre and offer telephone advice and support concerning health and well-being to patients who are patients of the service. BUPA Insurance staff also process medical insurance claims.

The centre is based in Salford Quays and staff speak with patients from all over the United Kingdom. Patients using these services do not visit this location and all advice is given over the telephone. The service handles over 70,000 calls a month.

The service operates from 8am to 8pm Monday to Friday, and 8am to 1pm on a Saturday. The service offers access to a team of specialist nurses including oncology and cardiac nurses who provide case management for patients. The service also provides information for treatment options to patients who want more information around treatment and tests.

The service employs around 50 clinical nurses as well as a team of non-clinical call handlers and a leadership team. The governance team is formed of clinical and non-clinical leads.

Our inspection team was led by a CQC lead inspector and the team included a second CQC inspector, a GP and a practice nurse.

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

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 patients' needs?
- Is it well-led?

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

Are services safe?

Our findings

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

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep patients who used the service safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The policy and procedure had recently been reviewed to ensure clear systems and processes were in place and all concerns raised which were referred were monitored and reviewed. Vulnerable patients were monitored and flags were placed within records to alert staff. There was a register in place of on-going safeguarding concerns and this was monitored on a monthly basis and actions and outcomes were document. The safeguarding lead was trained to level five and all clinical staff trained to a minimum of level three. Bupa had patients across the UK and systems were in place to enable staff to liaise with Local Authorities and Police local to patients.
- There were systems in place to monitor call handling to ensure a safe and professional service. There was evidence that this monitoring had led to improvements in the service. We were shown a call audit that demonstrated improvements in the scores of how calls were handled. The scores were based on certain criteria that must be met such as clinical risk and safeguarding, confidentiality and professionalism.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Staff were provided with a safe environment in which to work. Risk assessments and actions required had been taken to ensure the safety of the premises.
- Staff were able to identify potentially life threatening situations and staff told us there had been occasions where 999 was called for the patient.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet member's needs and respond to periods of high call for example following bank holidays.
- The provider had a comprehensive business continuity plan in place for major incidents such as power failure and to restore IT services. The plan also addressed fluctuations in demand for the service and staff shortages.
- The provider had engaged with other services and commissioners in the development of its business continuity plan.
- Patients using the service had a policy number and this was provided when using the service along with providing their details to confirm the identity of the patient, such as name and date of birth.

Information to deliver safe care and treatment

- Clinical staff and appropriate administrative staff had access to patient's care records. Staff were clear on the arrangements for recording patient information and maintaining records.
- Staff had completed training in recognising concerning situations and followed guidance in how to respond.
- There were clear processes in place to manage the transfer of calls, both internally within the service, and to external services, to ensure a safe service.

Track record on safety

There was an effective system in place for reporting and recording significant events.

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff patients. We reviewed incidents from the past 12 months and found that these had been fully investigated, discussed and as a result action taken in the form of a change in processes. Learning was shared with other staff meetings during team meetings. The service also held daily 'huddle' meetings where issues such as incidents could be discussed.

Risks to patients

Risks to patients using the service were assessed and well managed.

Are services safe?

- We reviewed incidents which demonstrated the provider was aware of and complied with the requirements of the duty of candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- Staff told us they would raise concerns with their line manager but staff were also aware how to report concerns externally. There was a 'speak up' policy in place to support this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The provider had systems in place to ensure all staff were kept up to date. Clinical staff had access to guidelines from NICE and used this information to help ensure that patient's needs were met. The provider monitored these guidelines were being followed through regular call audits.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model.
- Assessments were carried out using approved clinical assessment tools and standard operating procedures.

Monitoring care and treatment

There was evidence of improvements through the use of completed audits. Each call handler would have two calls per month audited to identify if the call was handled correctly and if there were any improvements to be made. We were shown call audits where learning needs were identified. This was then fed back to the call handler in a one to one session.

Effective staffing

Staff had the skills, knowledge and experience to deliver an effective service.

- The provider had an induction programme for all newly appointed staff. This covered such topics as training and health and safety. One staff member told us it was the best induction they had ever received.
- The provider could demonstrate how they ensured role-specific training and updating for relevant staff. For example safeguarding training to the appropriate levels.
- Staff had access to a wide range of training including a comprehensive e-learning suite and access to face to face training internally and externally to meet staff learning needs and service developments. Staff were provided with protected time to complete training and training needs were identified during monthly supervision and annual appraisals. Staff were encouraged and given opportunities to develop.

Completion of mandatory training was monitored within a database and reviewed weekly, and reminders were sent to staff when training required updating. We saw all clinical staff kept a personal portfolio of training and reflections to support them maintaining professional registration. Staff told us they felt supported and the organisation encouraged learning and development, including mentoring and coaching.

- Staff received training that included: use of the clinical pathway tools, how to respond to specific patient groups, Mental Health Act, Mental Capacity Act, safeguarding, fire procedures, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff worked with other services to ensure patients received co-ordinated care.

- The service had an alert system for patients being case managed. If a patient phoned in then the call adviser would know how to best advise the patient and where to signpost them to.
- There were arrangements in place to work with health and social care services including information sharing arrangements. We saw an example of information sharing between the service and an NHS hospital.
- The provider had systems in place to identify 'frequent callers' and staff were aware of any specific response requirements. There were also systems in place to respond to calls from children and young patients.

Information about previous calls made by patients was available within the patient's record.

Supporting patients to live healthier lives

- The service had a team of registered dieticians and cardiac nurses known as the COACH team (coaching patients on achieving cardiovascular health) who would offer telephone help and advice to patients in cardiac disease management. This included risk reduction and they could also offer advice on medicines as well as pre and post-operative surgery and helping patients make healthier lifestyle choices.

Are services effective?

(for example, treatment is effective)

- The COACH team aimed to ensure all risk factors such as; lipids, alcohol, blood pressure, smoking, nutrition and physical activity, met with the national recommended targets.

Consent to care and treatment

Staff sought patients' consent in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Gillick competency for children.
- The process for seeking consent was monitored through audits.
- Access to patient medical information was in line with the patient's consent. Consent could also be obtained to allow discussion with family members.

Are services caring?

Our findings

Kindness, respect and compassion

We observed staff were courteous and very helpful to patients calling the service and treated them with dignity and respect. Staff were provided with training in how to respond to a range of callers, including those who may be abusive. Our observations were that staff handled calls sensitively and with compassion.

Results from the in house surveys showed patients felt they were treated with compassion, dignity and respect. Patients described the service as helpful and reassuring and that they were better informed on treatment options after using the service.

Involvement in decisions about care and treatment

- Care plans, were in place, informed the service's response to patient's needs, although staff also understood that patients might have needs not anticipated by the care plan.
- We saw that staff took time to ensure patients understood the advice they had been given, and the referral process to other services, where this was needed.

- The service provided a treatment options support service which would assist patients who had an appointment with a doctor or consultant. The service would offer guidance to patients on what questions to ask during the consultation and also to help patients better understand a diagnosis or any tests that would be required.

Privacy and Dignity

Staff were trained to respond to callers who may be distressed, anxious or confused. Staff were able to describe to us how they would respond and we saw evidence of this during our visit.

There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs.

There were established pathways for staff to follow to ensure callers were referred to other services for support as required. Patients using the service had access to an in house counselling service, however this part of the business was not inspected as is outside of the Care Quality Commissions' regulatory activities.

There was a system in place to identify frequent callers and care plans and guidance were in place to provide the appropriate support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

- The service offered a service from 8am to 8pm Monday to Friday and 8am until 1pm on a Saturday.
- The service took account of differing levels in demand in planning its service.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life.
- The service provided specialist oncology support for patients with a cancer diagnosis. Oncology nurses provided case management and nurses provided expert and impartial advice on different treatment options. Patients approaching end of life had a named nurse who worked with family patients or carers to ensure the patient received the best possible care.
- A mental health team was available to patients to provide support when there was an indication they may be in crisis. The mental health team ensured that patients were provided with the clinical information they needed to be involved in treatment decision making.
- The service had a team of cardiac nurses who offered telephone help and advice to patients on cardiac care. This included risk reduction and they also offered advice on medicines as well as pre and post-operative surgery and helping patients make healthier lifestyle choices.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The service used all available data to ensure it was responsive to patient's needs.
- There were translation services available.
- Reasonable adjustments had been made so that disabled patients could access and use services on an equal basis to others.

- The service engaged with patients who were in vulnerable circumstances and took actions to remove barriers when patients found it hard to access or use services. The service had in place arrangements to support patients who could not hear or communicate verbally.

Timely access to the service

- Patients had timely access to advice, including from a call handler or clinical advisor when appropriate.
- The telephone system was easy to use and supported patients to access advice.
- Action was taken to reduce the length of time patients had to wait for subsequent care or advice.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The provider had an effective system in place for handling complaints and concerns. Information about how to complain was available and easy to understand and evidence showed the provider responded quickly to issues raised.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. An apology was always offered to the patient and if the complaint was upheld then we saw evidence that the individual was reimbursed. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of the service. Complaints were discussed monthly with the management team; any specific trends or concerns were identified and how best to resolve these was identified.

The provider responded to feedback from other services and there was evidence of change as a result.

Are services well-led?

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

Our findings

Leadership capacity and capability;

There were clear lines of accountability within the service.

Operational staff were clear who to go to for guidance and support. They were clear about their line management arrangements as well as the clinical governance arrangements in place.

There were arrangements to support joint working by staff, for example through team meetings.

Data was used to improve performance and there were systems in place to ensure data was accurate and timely.

Vision and strategy

The provider had a clear vision to deliver a high quality service and promote good outcomes for patients using the service. The vision aligned with Bupa's own core value which included being a caring, kind and authentic service.

- The service had a mission statement that was understood by staff.
- The core values were displayed throughout the building to help promote staff to work to these.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.
- Staff with whom we spoke with were aware of the vision and values of the service.

Culture

- Staff referred to a culture that was caring and aimed to provide the best possible care to patients.
- Staff told us they felt supported and valued and that senior team staff were approachable. We saw that the culture of the service encouraged candour, openness and honesty.
- There were processes in place to deal with any staff underperforming and we saw evidence that when this happened, the correct policy was followed.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and a good quality service. A local governance group was in place which routinely monitored key indicators to show that

there were adequate controls in place so that healthcare was delivered to a high standard. The governance arrangements outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The service held regular clinical and non-clinical meetings which had a set agenda and staff would discuss issues such as significant events, any complaints and also patient feedback.
- Service specific policies were implemented and were available to all staff.

Managing risks, issues and performance

There were processes in place to manage risks, issues and performance.

- A comprehensive understanding of the performance of the service was maintained at all levels in the organisation.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Regular monitoring of the service took place to ensure compliance with various regulatory bodies. We saw evidence that the service carried out annual 'mock' inspections to identify areas of non-compliance.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Appropriate and accurate information

- Systems were in place to ensure that all patient information was stored and kept confidential. There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when.
- There were business contingency plans in place to minimise the risk of losing patient data.
- The registered manager ensured that notifications were submitted to the relevant regulatory bodies and we saw evidence that this occurred.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

The service carried out regular annual surveys of patients who used the service. They did this by sending out a questionnaire to gain patient's views and experiences of using the service. For example:

- 67% of patients said they would be likely to recommend Bupa to their friends and family.
- 84% of patients rated the care and understanding shown by the consultants as positive.
- 90% of patients rated the knowledge and expertise of the consultant as positive.

Staff were able to describe to us the systems in place to give feedback. These included during team meetings or in one to one meetings. Staff could also give feedback during the annual appraisal. The service also ran a quarterly nurse bulletin which was a way to inform nursing staff of relevant information.

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.

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.