

# Bupa Health Centre - Manchester South

## Inspection report

Part ground floor, Trident 3  
Trident Business Park, Styal Road  
Manchester  
M22 5XB  
Tel: 01618043340

Date of inspection visit: 17 October 2023  
Date of publication: 10/11/2023

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 Centre - Manchester South as part of our inspection programme. This was the first time the service had been inspected and rated. The service was registered with the Care Quality Commission on 10 February 2023.

Bupa Health Centre - Manchester South is an independent primary care provider, they provide GP appointments, a range of health checks and assessments and musculoskeletal treatments at a cost to the customer.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some 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.

At Bupa Health Centre - Manchester South services are provided to customers under arrangements made by their employer or an insurance provider with whom the service user holds an insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at Bupa Health Centre - Manchester South, we were only able to inspect the services which are not arranged for customers by their employers or an insurance provider with whom the customer holds a policy.

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 service provided treatment in a way that kept customers safe and protected them from avoidable harm.
- Customers received effective care and treatment that met their needs.
- Staff dealt with customers with kindness and respect and involved them in decisions about their care.
- Customers could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

The areas where the provider should make improvements are:

- The service should continue their planned programme of level 3 safeguarding training for health advisers.

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC specialist adviser.

## Background to Bupa Health Centre - Manchester South

Bupa Health Centre – Manchester South is provided by Bupa Occupational Health Limited. The new centre which opened in February 2023 consolidating the services previously provided through franchises with other independent health services providers. Many of the staff were transferred to Bupa having been employed by the previous service providers.

The centre offers a range of pay-as-you-go, insured and employment related health and wellbeing services. Customers can book a health assessment to get a picture of their current health, along with guidance on how to improve it in the future. Physiotherapy and muscle, bone and joint services are available too, with private GP appointments to be started shortly after the inspection. Services are only available to customers over the age of 18 years.

The service is registered at:

Part Ground Floor

Trident 3

Trident Business Park

Styal Road

Manchester

M22 5XB

The centre's website address is:

<https://www.bupa.co.uk/health/health-assessments/our-centres/manchester-south>

They are registered with CQC to deliver the following regulated activities:

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

The centre is open Monday and Friday 7am – 5pm and Tuesday, Wednesday and Thursday 7am – 8pm.

The clinical staff employed at the centre included: a lead physician, 11 doctors, 1 physiotherapist, 1 musculoskeletal therapist, team members including a consultant sports physician, 3 health advisers and 4 health adviser training facilitators. They were supported by 3 administrative staff with management provided by a centre manager and health services manager.

### How we inspected this service

We gathered and reviewed information prior to and during the inspection which was obtained from the provider. We asked the provider to return a provider information pack prior to the inspection and we reviewed it before the site visit. We spoke with the registered manager, medical director and other staff members and reviewed customer feedback which had been obtained by the service.

To get to the heart of customers' 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:

The provider provided services in a way that ensured people were protected from avoidable harm and abuse.

## 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 any temporary staff. They outlined clearly 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 customers and protect them from neglect and abuse. Staff took steps to protect customers from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Recruitment processes were compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A sample of recruitment records checked provided assurance that the service policy and relevant regulations were being adhered to.
- A safeguarding policy was in place and accessible to staff and a designated safeguarding lead was allocated. All staff we spoke with were familiar with what to do in the event of a safeguarding concern. All staff had received vulnerable adults and children and young persons' safeguarding training; however health advisors had only received training to level 2 when level 3 training would have been more appropriate to meet the requirements of the intercollegiate guidance on safeguarding. The centre manager had identified this and had implemented plans to ensure all health advisors would have completed this training shortly after the inspection.
- 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 (IPC). The service had an infection control lead and all staff were trained. The environment appeared clean and well maintained. Cleaning schedules and checklists were completed and IPC was audited regularly with items identified rectified appropriately.
- Legionella precautions were partly undertaken by Bupa staff with some aspects being managed by the premises management company.
- 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 customers

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role. The service had used temporary or locum staff in the past, but at the time of inspection had a full complement of permanent staff. However, if temporary staff would be required in the future, processes for the induction and orientation were in place.

# Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had life support training which was up to date. Staff knew how to identify and manage customers with severe infections, for example sepsis. A procedure was in place should a medical emergency occur.
- 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 appropriate indemnity arrangements in place.
- Business continuity, major incident and fire evacuation plans were in place in the event of unexpected events.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept customers 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 customer's NHS GP when appropriate with consent from the customer.

## 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 and emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to customers 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected customer safety.
- There were effective protocols for verifying the identity of customers.

## 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?

- Incidents and events were reviewed and analysed to consider if these may indicate risk or provide learning opportunities to reduce the risks of reoccurrence. We saw evidence that these were shared within the service and within the wider organisation.
- The total number of incidents recorded between March 2023 to September 2023 was 76. These incidents were given a severity rating. The breakdown of these incidents by severity was; 44 incidents of no/negligible severity, 32 incidents of minor severity and 2 incidents were initially reported as moderate severity. After investigation, the 2 moderate incidents were downgraded to minor actual severity. An example of an incident was a customer was given saline rather than lidocaine in a medicines error. This was appropriately reported and investigated and changes made to processes to reduce the chance of reoccurrence.

## 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. The service experienced incidents of customers fainting during their appointments. These incidents were investigated and a review of the response carried out. This identified that actions taken were appropriate and timely, however the service learned some lessons about the incidents as the two customers had eaten very little and it highlighted that fainting may not always occur immediately after venepuncture. Changes were made to the process to change when and where bloods were taken to ensure customers are stable before going to process tests. They also ensured that all staff knew how to utilise the call bell facilities and allow movement within the room and that doctors ensured they knew the location of the emergency grab bag.
- 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 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 customer and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including any sessional and agency staff.

# Are services effective?

## We rated effective as Good because:

The provider ensured people who used the service had good outcomes and received effective care and treatment that met their needs.

### 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.
- Customers' 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.
- Arrangements were in place to deal with repeat customers. Customers had the choice to see the same clinicians when they booked their appointments.
- Staff assessed and managed customers' 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. They obtained feedback from customers and acted upon complaints, incidents and performance measurement metrics to improve the services provided. For example, customers expressed that they would like a healthy snack option in the waiting areas. The choice of snacks was improved and a healthy option introduced.
- The service made improvements through the use of completed audits. Clinical audits had a positive impact on quality of care and outcomes for customers. There was clear evidence of action to resolve concerns and improve quality. For example an audit in to vitamin D testing and advice was conducted to ensure the service was complying with best practice guidance. The results identified the need to improve documentation around the reasons and rationale for testing. This was shared with staff and a further audit to check for improvement planned.
- The service conducted an annual clinical records audit. The audit checked the clinical records recorded by each clinician working for the service. If evidence for improvement was identified this was shared with the staff member to ensure that they were given advice and support on how to improve their clinical notes.
- Following an audit, the service identified that some staff may benefit from additional training on cleaning the blood testing (point of care testing) machine. This was implemented and familiarisation sessions were provided to staff.

### Effective staffing

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

# Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and clinical) were registered with the General Medical Council (GMC)/ Register of health and care professionals and were up to date with revalidation.
- 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 provided opportunities for 'lunch and learn' educational sessions for staff to improve their knowledge in different topics. They were also given continued professional development slots with dedicated time for learning and development. They were encouraged to pursue areas of interest and where appropriate given 'volunteering leave' to do a piece of work in a related field. For example two staff presented a healthy eating and nutritional awareness session with local school children to help them understand the risk of hidden sugars in foods to enable them to make healthier choices.

## Coordinating customer care and information sharing

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

- Customers 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 customer's health, any relevant test results and their medicines history. We saw examples of customers being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All customers 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 customer 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, and those for the treatment of long term conditions such as asthma. Where customers agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for customers in vulnerable circumstances was coordinated with other services.
- Customer information was shared appropriately (this included when customers moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting customers to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. Self-care and health improvement were key factors in the delivery of health care advice. Health advisors and doctors were committed to assisting customers to take control of their health and wellbeing by promoting healthier living advice.
- Risk factors were identified, highlighted to customers and where appropriate highlighted to their normal care provider for additional support.

# Are services effective?

- Where customers' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Health assessment of different levels were available to self-paying and insured customers.

## **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 customers to make decisions. Where appropriate, they assessed and recorded a customer'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:**

The provider ensured that people were treated with dignity and respect, and were involved in their care and treatment.

### **Kindness, respect and compassion**

#### **Staff treated customers with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care customers 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. The service was able to evidence multiple examples of when feedback led to improvements and changes in how things were done.
- The service tracked improvement using the feedback received from customers and assigning scores to feedback. The service obtained feedback from 261 customers between July and September 2023. Of those 236 customers (85.4%) provided positive feedback, 19 customers (11.9%) provided neutral feedback and 6 customers (2.7%) provided negative feedback. Some of the feedback included “very thorough service with time to discuss concerns”, “very welcoming and friendly place to visit” and “clean bright environment”.
- Feedback from customers was positive about the way staff treat people.
- Staff understood customers’ personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all customers.
- The service gave customers timely support and information.

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

#### **Staff helped customers to be involved in decisions about care and treatment.**

- Interpretation services were available for customers who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing customers this service was available. Customers were also told about multi-lingual staff who might be able to support them. Staff had badges specifying languages they spoke. Information leaflets were available in easy read formats, to help customers be involved in decisions about their care.
- For customers with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

#### **The service respected customers’ privacy and dignity.**

- Staff recognised the importance of people’s dignity and respect.
- Staff knew that if customers 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:

The provider ensured people's needs were met through the way services were organised and delivered.

## Responding to and meeting people's needs

### **The service organised and delivered services to meet customers' needs. It took account of customer needs and preferences.**

- The provider understood the needs of their customers and improved services in response to those needs. The service was able to give examples of where it used customer feedback to respond and improve the experience of the services provided such as healthy snack provision, increased choice of drinks, car park signage and directions and the way customers received their reports.
- 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 participated in 'listening jams' where feedback was provided by customers and staff to provide ideas for improvements.

## Timely access to the service

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

- Customers had timely access to initial assessment, test results, diagnosis and treatment.
- Customers could arrange appointments to suit their needs by telephone or online. Appointments could be arranged at short notice.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Customers reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The service had an effective failsafe system that ensured urgent referrals were followed up and actioned. Regular audits were conducted to provide assurance that the system was effective.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated customers who made complaints compassionately.
- The service informed customers of any further action that may be available to them should they not be satisfied with the response to their complaint.
- 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.
- The provider recorded 10 formal complaints in the last 12 months. For example, a customer complained that they had to have two appointments in respect of their breast screening as the centre had not yet set up the on-site

## Are services responsive to people's needs?

mammography equipment. The service responded and apologised to the customer and noted they had had similar feedback of this nature. They acted upon the information by ensuring they made the situation clear to future customers so they fully understood they would need 2 appointments. A new mammography suite was due to open shortly after the inspection where customers could have the full assessment at one visit.

# Are services well-led?

## **We rated well-led as Good because:**

The provider led the service in a way that promoted a culture of high-quality person-centred care and had governance arrangements in place to deliver those.

### **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.
- Managers were well respected and valued by staff who reported a supportive and positive culture.

### **Vision and strategy**

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

- There was a clear vision and set of values. These were ‘brave (make new possibilities happen), caring (act with empathy and respect) and responsible (own your decisions and actions)’. Staff we spoke with were familiar with the values and what these meant.
- The organisation ethos was “helping people live longer, healthier, happier lives and making a better world”, this was a corporate objective and staff at Manchester South were familiar with and invested in this philosophy.
- The service had a realistic strategy and supporting business plans to achieve priorities. A part of a large corporate company, the service knew its role within the company but also had some autonomy and individuality to make a difference locally.
- The service monitored progress against delivery of the strategy on both local and corporate levels.

### **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 customers.
- 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. When an incident occurred at the service where a customer was given a saline injection rather than a local anaesthetic injection, the service was open and honest and apologised to the customer keeping them informed about the investigation and outcome by telephone, in person and in writing. 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.

# Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- 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 customer 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. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for customers. 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. Business continuity and major incident plans were in place.

## 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 customers.
- 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.

# Are services well-led?

- 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 customer identifiable data, records and data management systems.

## **Engagement with customers, the public, staff and external partners**

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

- The service encouraged and heard views and concerns from the public, customers and staff and acted on them to shape services and culture. For example feedback was received that customers arriving at the centre sometimes found it difficult to find their way. The service introduced a system by which customers were called prior to their appointment and directions provided, they also arranged signage to be improved. This has led to a reduction of feedback with this concern.
- Staff could describe to us the systems in place to give feedback. There were opportunities for staff to contribute through staff surveys, team meetings, staff suggestions initiatives and through managers locally. They also could contribute feedback and suggestions to the wider Bupa organisation. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff such as through noticeboards, team meeting minutes and corporate bulletins. Bupa also produced a centre measurement on their staff survey feedback to show how engaged and satisfied staff were feeling. We also saw staff engagement in responding to these findings. For example, a staff member suggested complimentary sanitary products should be available for customers, this was responded to and implemented.
- A staff recognition scheme called 'clinics all stars' was a way in which staff demonstrating Bupa values could be nominated and recognised.

## **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. The service maintained a strong focus on driving improvements and used a blend of methods to inform their improvement plans from staff and customer feedback, to audits and performance metrics.
- The centre and more widely the Bupa organisation considered sustainability and green ethics a priority. Their 'clinics green team' promoted a reduction in cardboard and paper use, the responsible use of resources, recycling and reducing waste and an ambition to achieve a carbon neutral status. Initiatives also included uniforms made from sustainable resources and the BUPA attic where surplus equipment could be recycled.