

Bupa Occupational Health Limited

Bupa Centre – Manchester

Inspection report

111 Piccadilly
Manchester
M1 2HY
Tel: 0161 254 3300
Website: www.bupa.co.uk/health/health-assessments/our-centres/manchester-piccadilly

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Overall summary

We carried out an announced comprehensive inspection on 20 November 2017 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 Centre – Manchester provides a range of health assessments, GP services, musculoskeletal services, occupational health services and physiotherapy services. The service offers appointments with GPs and health advisors and other healthcare specialists. The service opening hours are Monday to Friday 8am to 5pm. Patients can book appointments on line and through a central call centre number between 8am and 5pm. The service did not provide care and treatment to children and young people under the age of 18 years.

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 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. Those occupational health related services provided to clients under a contractual arrangement through their employer or government department are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

Summary of findings

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection visit. We received 44 comment cards, all of which were positive about the standard of care received.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred lessons were learned and action was taken to minimise the potential for reoccurrence.
- There were effective arrangements in place for the management of medicines.
- The service had arrangements in place to respond to medical emergencies.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient survey information and Care Quality Commission (CQC) comment cards reviewed indicated that patients were very satisfied with the service they received. Patients commented that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management and worked very well together as a team.
- There was a clear vision to provide a safe and high quality service.
- There were effective clinical governance systems and processes in place to ensure the quality of service provision.
- The provider was aware of and complied with the duty of candour.

There were areas where the provider could make improvement and should:

- Improve how information from safety alerts is disseminated to all clinicians working at the service.
- Review the system currently in place to determine patients' identity and age.
- Review the current monitoring system to ensure all clinical areas are hygienically clean.

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.

- The clinic had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the clinic. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- There were effective arrangements in place for the management of medicines and vaccines.
- The clinic had arrangements in place to respond to medical emergencies.
- We discussed with the service the need to improve how information from safety alerts was disseminated to all clinicians working at the service.
- We discussed with the service the need to review the current system used to determine patients' identity and age.
- We discussed with the service the need to review the current monitoring system to ensure all clinical areas are hygienically clean.

Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff informed us that they had regular appraisals and personal development plans for all staff were completed annually.
- Clinical audits demonstrated quality improvement.

Are services caring?

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

- Information for patients about the services available was easy to understand and accessible.
- Information from CQC comment cards and service survey information highlighted that staff treated patients with kindness and respect, and that patients were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

- Information about how to complain was available and easy to understand and evidence showed that the clinic responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Opening hours of the service were available on the website.
- The service was accessible to people who had limited mobility or used a wheelchair.

Are services well-led?

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

Summary of findings

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
 - Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.
 - The service had a number of policies and procedures to govern activity and held regular governance meetings.
 - The service had systems in place for notifiable safety incidents.
 - There was a focus on continuous learning and improvement at all levels.
 - The service proactively sought feedback from staff and patients, which it acted on.
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Bupa Centre – Manchester

Detailed findings

Background to this inspection

Bupa Centre – Manchester was inspected on 20 November 2017.

The inspection was led by a Care Quality Commission (CQC) inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including a GP, lead physician, the registered manager, reception and administration staff.
- We spoke with a patient.
- Reviewed personal care or treatment records of patients.

- Reviewed comment cards where patients had shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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?

Our findings

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

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and best practice guidelines and had clear policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff.

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures that assured them that staff were suitable for the role and to protect the public. We looked at four recruitment files of staff employed by the service and found that 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 (DBS) (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). The company's HR department monitored DBS checks and all staff were required to renew their checks every three years. There was a system in place to ensure that clinical staff had their professional registration checked annually and all had appropriate indemnity insurance in place.
- The service had safeguarding policies and access to local policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff demonstrated they understood their responsibilities and had received training relevant to their role. Staff had training around female genital mutilation and the safeguarding policies had been updated to alert staff. The service did not provide care and treatment to children and young people under the age of 18 years.

- There were cleaning schedules and monitoring systems in place. We discussed with the registered manager the need to review the effectiveness of the current monitoring system to ensure all clinical areas were hygienically clean. The registered manager agreed to do this. There were infection prevention and control protocols and staff had received up to date training. There were regular annual audits. Clinical waste was appropriately disposed of.
- The premises were suitable for the service provided. There was an overarching health and safety policy in place which all staff received. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises and materials and equipment had been carried out including a Legionella risk assessment. There had been a fire risk assessment carried out and fire safety equipment was tested.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Risks to patients

The service had adequate arrangements in place to respond to emergencies and major incidents. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so emergency services could be called. In addition:-

- Staff received annual basic life support training.
- The service had an oxygen cylinder with adult masks and there was also a first aid kit available.
- Emergency medicine for anaphylaxis was available.
- The service had a defibrillator.
- Clinicians had appropriate professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

On booking an appointment with the service and at each consultation, clinicians had access to the patient's previous

Are services safe?

records held by the service. We discussed the need to review the current system used to verify patients' identity and age to ensure appropriate forms of identification are requested. The registered manager agreed to review the current system.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Safe and appropriate use of medicines

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the clinic kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The clinic carried out regular medicines audits to ensure administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring, safe security of medicines. The service did not prescribe controlled drugs or repeat prescriptions for long term conditions.
- The fridge temperature was appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained.

Track record on safety

The service maintained a log of all incidents and complaints that was monitored by the head office.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff told us they would inform the registered manager of any incidents and there was a recording form available in the centre.

The service had systems in place for knowing about notifiable safety incidents.

Lessons learned and improvements made

Investigations were undertaken at a local level. Information was escalated to head office, where all incidents were also reviewed and monitored. There was an analysis of themes, trends and numbers of incidents across all locations to support any identified changes in processes or service delivery. Meetings were held at both local and corporate level and we saw that learning from incidents was disseminated to staff. Any changes in processes were also reviewed to monitor effectiveness.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The service received safety alerts and these were reviewed by the lead physician, we discussed with the service the need to put in place a system to ensure this information was cascaded to all clinicians. The registered manager agreed to do this.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice.

When a patient required further examination, tests or treatments they were referred appropriately to other healthcare providers.

Monitoring care and treatment

The clinic monitored that guidelines were followed through audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment. Audit outcomes were shared within the service and organisation to ensure consistency, shared learning and actions.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality and corporate information with regard to their vision and values.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff received annual appraisals. Doctors' appraisals were carried out by the regional lead physician.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient record system. This included medical records, investigations and test results.
- The service sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

Supporting patients to live healthier lives

The provider offered a comprehensive health assessment that included specialist support to enable patients to live healthier lives. Each patient was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices. Reports also included fact sheets and links to direct patients to more detailed information on aspects of their health and lifestyle should they require this.

There was a patient information file in the waiting area that contained information about the service.

Consent to care and treatment

There was clear information available with regards to the services provided and the cost of these.

Staff sought patients' consent to care and treatment 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. The process for seeking consent was monitored through audits of patient records.

Are services caring?

Our findings

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

Kindness, respect and compassion

We received 44 comment cards which highlighted that patients were treated with kindness and respect. Comment cards we received were very positive about the service experienced overall. Patients said they felt the Bupa Centre-Manchester offered an excellent service and staff were helpful.

The service carried out its own surveys by emailing patients after their consultation. The survey asked questions about the quality of care provided and access to the service. We looked at results for this year from two sets of data and found that there were high levels of satisfaction with the helpfulness of staff.

Involvement in decisions about care and treatment

There was clear information on the service's website with regards to how the service worked. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries.

There was a patient information file in the waiting room clearly setting out information about the cost of consultations and treatments.

CQC comment cards and patient survey information reviewed highlighted that patients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

The consultation room door was closed during consultations; conversations taking place in this room could not be overheard.

CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The premises were suitable for the service being delivered.
- Urgent same day appointments were available.
- The service provided detailed information to patients with regard to the services provided and the limitations of the service were clear. For example, the service website clearly identified that they did not offer care and treatment to children and young people under the age of 18 years.
- The service offered consultations to anyone who requested and paid the appropriate fee. All staff had been provided with training in equality, diversity and inclusion.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

Individualised reports were provided to patients. Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

Timely access to the service

Opening hours for the Bupa Centre-Manchester were 8am to 5pm Monday to Friday. Patients could contact the service through the central booking and enquiry team to make an appointment or to discuss a booked appointment.

Listening and learning from concerns and complaints

Information about how to make a complaint was available on the service's website. The provider had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint. However, the service did not have the complaints policy and procedure available in the waiting area or the patient information file. The registered manager placed a copy of the complaints procedure in the waiting during the inspection.

We reviewed four complaints and the service was able to demonstrate that complaints were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and these had been communicated to staff.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

The head office for the provider Bupa Occupational Health Limited is based in London. They have many pharmacy and nurse-led travel clinics located throughout the United Kingdom and have been established in England, Wales and Ireland for over 60 years.

Vision and strategy

The service had a clear vision and set of values to work together to provide a high quality responsive service that put caring and patient safety at its heart. The company had organisational level business plans.

Culture

The service had an open and transparent culture. Staff told us they could raise concerns and would be listened to.

The service actively sought feedback from patients and staff to improve the safety and quality of the service provided. They kept written records of verbal interactions as well as written correspondence. This was supported by an operational policy.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation. Staff told us they were aware of the policy and understood how to use it.

Governance arrangements

Governance arrangements included:-

- A clear organisational structure and staff were aware of their own roles and responsibilities.
- A range of service specific policies which were available to all staff. These were reviewed at organisational level every two years or updated when necessary.
- The service held regular staff meetings, the registered manager attended regional manager meetings and the lead physician held regular clinical meetings.

Managing risks, issues and performance

- There was a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included a risk register and significant event recording.
- There was a comprehensive understanding of both local and organisational performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- Business contingency plans were in place for any potential disruption to the service.

Appropriate and accurate information

The service was registered with the Information Commissioner's Office and had its own information governance policies and Caldicott guardian to ensure patient information security. Patient records were stored securely.

All staff had signed a confidentiality agreement as part of their job contract.

Engagement with patients, the public, staff and external partners

The clinic encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from complaints received. These were then analysed and appropriate actions implemented.

After each consultation the client was asked to complete a satisfaction survey. Each month the results were compiled and analysed to identify any themes or areas for improvement. The service would sample call patients each month to determine if any further improvements could be made to the service.

Continuous improvement and innovation

All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered. Staff told us they enjoyed working for Bupa Centre-Manchester and felt valued and listened to.

Are services well-led?

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

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, the service was currently reviewing the premises with a view to moving to a more accessible building to support service expansion.