

# Bupa Occupational Health Limited

## Bupa Centre - Solihull

### Inspection report

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Solihull  
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### Ratings

#### Overall rating for this service

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. (Previous inspection 24 July 2018 this service was not rated).**

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 Solihull BUPA Health Centre

on 29 August 2019 as part of our inspection programme and to provide a rating.

This service is registered with CQC under the Health and Social Care Act 2008 for Surgical Procedures, Diagnostic and Screening and Treatment of Disease, Disorder or Injury. BUPA Centre - Solihull provides independent health assessments, GP consultations, musculoskeletal and dermatology services. The previous inspection also covered dental services, this service is no longer offered at this location.

# Summary of findings

The service is located in a purpose-built property with street level access to the whole building via a reception and waiting area. The building is fully accessible with lifts to all floors and accessible facilities. Patients are directed to the first floor where service areas have separate reception and waiting areas. There are also offices, staff facilities and consultation rooms on the second floor.

Services are available to any fee-paying patient. Services can be accessed through a membership plan or on a pay per use basis.

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.

Prior to our inspection patients completed CQC comment cards telling us about their experiences of using the service. We received feedback from 24 people which was wholly positive about the service. We received comments

which stated staff were helpful and attentive. People told us they felt involved in decisions about their care and that staff were caring. They also commented on the cleanliness of the clinic.

## Our key findings were:






- 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.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Good</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Good</b>	
<b>Are services responsive to people's needs?</b>	<b>Good</b>	
<b>Are services well-led?</b>	<b>Good</b>	

# Bupa Centre - Solihull

## Detailed findings

### Background to this inspection

BUPA Clinic – Solihull provides private GP consultations, health assessments, musculoskeletal and dermatology services at 47, Station Road near Solihull town centre. Appointments are available for GP appointments, health assessments and musculoskeletal services Monday to Friday and occasional Saturdays. Dermatology appointments are only available on Thursdays.

- Monday 8:00am - 5:30pm
- Tuesday 8:00am – 7pm
- Wednesday 8:00am – 5:30pm
- Thursday 8:00am – 8pm
- Friday 8:00am - 5:30pm
- Saturday 8:00am – 1pm (Adhoc Saturdays based on demand)
- Sunday Closed

There is no out of hours service at this centre, a voicemail message directs patients to whom to contact.

The location has 29 members of staff. The centre manager was supported by a health services manager. The clinical team is led by a lead physician with a team of seven GPs who undertake health assessments and private GP appointments. There are seven health advisors, an orthopaedic consultant, a musculoskeletal lead supported by two physiotherapists, a consultant dermatologist and a nurse. The administrative team is led by a senior

administrator with a team of five administrative/reception staff. Those staff who are required to register with a professional regulator are registered with a licence to practice and their registrations were all up to date.

The service offers a range of health assessments which provide an overview of patients' current health and potential future health risks and to highlight any necessary lifestyle changes. Dermatology services, private GP services, physiotherapy, sports physician consultations, seasonal flu vaccinations, travel vaccinations and workplace health services are also available. Children are not seen at this location.

#### How we inspected this service

Before visiting, we reviewed the information we hold about the service.

During our inspection we spoke with a range of staff, reviewed documents, including medical records, and comment cards where patients had shared their views and experiences 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 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 rated safe as Good because:**

**BUPA Clinic - Solihull demonstrated that they provided services for patients in a manner that ensured patients' and staff safety.**

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined 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 patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The 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 for all staff as per the organisations policy. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. One of the managers had been trained to level four and rolled out training to other staff.
- 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. Audits were undertaken regularly and action plans in place with completion dates for resolving any identified issues. All buildings maintenance checks were in place and up to date including fire risk assessments and legionella testing.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for new staff. No agency or locum staff were used at this location.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Since the last inspection all staff had undergone sepsis training; guidelines and flow charts about treatment for sepsis were available. One of the staff had been identified as the sepsis lead and had undergone further training.
- Arrangements were in place to respond to emergencies and major incidents. During our inspection we saw that the service had a defibrillator and oxygen on-site. There were records in place to support that these were regularly checked to ensure they were fit for use. Emergency medicines were easily accessible to staff in a secure area and staff knew their location. Since the last inspection there had been a complete review of the emergency medicines bag. The contents had been streamlined with all appropriate medicines available and were easily accessible and clearly labelled. A new checklist had been implemented for checking both medicines and equipment.
- Staff received basic life support training and an alarm was available in reception to summon assistance in the event of an emergency.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

### Information to deliver safe care and treatment

# Are services safe?

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

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

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing, for example, antibiotics.
- 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 patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned, and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- 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. We reviewed a recent incident and found it had been correctly reported and properly investigated and reported on.
- 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, a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

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

#### Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service liaised with other providers to make referrals onwards if necessary.
- 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 patients. For example, holistic treatment plans for the management of long-term conditions.
- Staff assessed and managed patients' pain where appropriate.

#### Monitoring care and treatment

### The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Patient survey data and comments were discussed at team meetings and any issues for improvement identified for example, follow up calls to patients regarding test results and informing patients if clinicians were running behind schedule.
- The service made improvements through the use of completed audits. Recent audits had been completed to look at antibiotic prescribing, notes and mammography. Notes audits were undertaken for all clinicians on a monthly basis to check areas such as use of screening

tools, consent recorded, clinical decisions and physical examinations. Where issues were identified they were discussed immediately and revisited at the next clinical review.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

#### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council 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. For example, there is an Excellence in Healthcare leadership programme within BUPA to encourage and support staff to develop their leadership and we saw evidence that this course had been undertaken by local staff.

#### Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines' history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their

# Are services effective?

(for example, treatment is effective)

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 patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw evidence of referrals and communication with safeguarding teams where there were concerns.
- Patient information was shared appropriately (this included when patients 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 patients to live healthier lives**

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

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider, either private or NHS, for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Consent was recorded in the patient record.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### **We rated caring as Good because:**

We found that the service was providing care for patients in a compassionate and supportive manner. Patients' needs were always respected and doctors involved them in decisions about their treatment options.

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

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

- The service sought feedback on the quality of clinical care patients received. Every patient received a feedback form to complete following each appointment.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients 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 information leaflets in easy read format were available to help patients be involved in decisions about their care.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

We found that staff were responsive to patients' needs and fully equipped to deliver services.

### Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. New services and treatments were being offered to patients who may be experiencing poor mental health.
- The facilities and premises were appropriate for the services delivered. The building had good disabled access, facilities and parking.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example a magnifying sheet was available on reception to aid clients in completing registrations form and questionnaires.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. There were systems in place to ensure that patients had been followed up in a timely way.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- 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. For example where clients had complained about waiting for different clinicians and during health assessments the service had communicated to all staff that clients should be kept informed of any delay and feedback had improved.

# Are services well-led?

Good 

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

## Our findings

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

**BUPA Clinic – Solihull was well organised and had a range of clear policies and procedures. All staff shared the vision to promote a high quality service.**

**Leadership capacity and capability;**

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

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

**Vision and strategy**

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

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

**Culture**

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

- Staff told us that they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. All information was shared at regular team

meetings which were minuted. Clear actions were put in place with appropriate timescales with appropriate individuals tasked to complete. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Clinical staff received in house clinical reviews and appraisals.
- 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 development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Health and welfare support was available to all staff via an external provider, this included health and financial support and advice. Social events were a regular occurrence.
- 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.

# Are services well-led?

Good 

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

- A monthly bulletin was produced across the organisation which informed staff of any updates regarding care and treatment for example, medicine alerts, clinical correspondence, development opportunities and performance data.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

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

## Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Patients completed satisfaction surveys after each visit and this data was shared with each location and the detail discussed at team meetings.
- The service had targets set across all in terms of client feedback, this was set at 65% as a baseline with a further target of 72%. This service achieved 71% in the latest results.
- Staff could describe to us the systems in place to give feedback.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. The BUPA staff bulletin included a section on 'you said, we did' and in the latest edition staff had asked for an easier process to identified required tests for each different level of health assessments and the clinical system had been adapted to achieve this.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. Continuing professional development (CPD) was in place for all staff who managed their own evidence folders. We reviewed a sample of these and they contained personal reflection records and feedback following training events. Training was available (known locally as Ignite) for all staff which looked at personal strengths and career management
- 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.

# Are services well-led?

Good 

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

- We saw an update in the BUPA staff bulletin which highlighted to staff the detail required in letters to clients NHS GPs including for urgent referrals that telephone contact should be made to avoid any delays.
  - The service made improvements through the use of completed audits. Recent audits had been completed to look at antibiotic prescribing, notes and mammography.
  - Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality. For example, a mammography audit identified that nationally 84% of results were returned within 10 days.
- Centres were tasked with contacting their service provider to ensure that all results were received in the correct timeframe. A second audit was scheduled in the next 12 months.
- There were systems to support improvement and innovation work. We saw an example of development work looking specifically at women's health aimed at the over 45 age group. This was to increase the specific service offered to this patient group and involved working with specialist clinical advisors to offer a bespoke package of assessment and care.