

Bupa Occupational Health Limited

Bupa Centre - Austin Friars

Inspection report






2 - 6 Austin Friars
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Date of inspection visit: 16 May 2019
Date of publication: 26/06/2019

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.

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 the Bupa Centre – Austin Friars as part of our inspection programme.

The service provides private health assessment and GP treatments to fee-paying and corporate clients. 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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The

Summary of findings

Bupa Clinic – Austin Friars provides a range of physiotherapy interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has a 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.

As part of the inspection, we gathered feedback from patients using the service. Fourteen people provided feedback about the service and were positive about the support received and the friendly and caring nature of the staff.

Our key findings were:

- There were clear systems and processes to safeguard patients from abuse. All staff had received training appropriate to their role.
- There was oversight of the risks associated with the service. For example, premises, health and safety, fire, legionella and emergency medicines.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Staff received regular appraisals, one-to-one conversations and career development conversations. All staff had completed mandatory training and were not able to see patients if training had become out-of-date. Staff were given protected time to complete training.
- An infection control and environmental audit had been completed. There were systems in place to manage any infection control concerns.
- Clinical records were detailed and held securely. The service did not keep paper records.
- There were regular service meetings and formal communication with staff. There were also regular meetings with the wider Bupa organisation.
- The provider dealt with complaints in an appropriate and timely manner. Learning from complaints was shared with staff and the wider organisation.
- The practice made improvements from all significant events and incidents. The Bupa quality team analysed all significant events and incidents across the organisation and learning was fed back to the service to drive improvement.
- Patients were encouraged to give feedback at every appointment and any patient scoring the service with less than seven out of ten were contacted to give more detailed feedback. This feedback was analysed both service and organisation and made improvements and changes according to this feedback.
- Health advisors contacted all patients who had received health assessments following their appointment to follow up on any lifestyle advice or treatment. This was also used as another method of capturing patient feedback.
- The service had created systems to ensure abnormal results were actioned and followed up in a timely way by using weekly audits. All urgent referrals were followed up by administration staff.
- The service used software to monitor and track health and safety activities. Remedial actions were logged, and compliance was monitored. This included tracking health and safety, building management and fire. The system flagged any assessments or actions that were due to be completed.

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

Bupa Centre – Austin Friars

Detailed findings

Background to this inspection

The Bupa Centre – Austin Friars is based at 2 - 6 Austin Friars, London EC2N 2HD and is part of Bupa Occupational health Ltd, a private health organisation. The service operates from the basement and first floor of a shared building.

The service provides health assessments and private GP services to private fee-paying clients. The service provides blood testing and some further medical investigations, such as mammography, where necessary. Patients are able to book appointments online or via the telephone. The service consults with approximately 1000 patients a month and most of these patients are receiving health assessments. Children under 18 years are not seen at the service.

The service employs 13 doctors, two physiotherapists, radiographer and a team of health advisors. Health advisors complete basic clinical testing such as blood pressure, weight and height. They also give lifestyle advice. The clinical team are supported by a team of reception and administration support. The service has a lead physician, a health advisor manager and a centre manager. The service receives support from the wider Bupa organisation and works closely with regional and national Bupa leaders.

We carried out an announced comprehensive inspection at The Bupa Centre – Austin Friars on 16 May 2019.

The service is registered with the CQC to provide the regulated activities of diagnostics and screening and treatment of disease, disorder or injury.

Before inspecting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our inspection we:

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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:

Safety systems and processes

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

- The provider conducted safety risk assessments on a regular scheduled system. Computer software was used to highlight when assessments were due and recorded what actions were needed. The buildings maintenance was managed by a centralised Bupa team.
- The service 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 received support from the centralised Bupa safeguarding lead.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Safeguarding was discussed at all service meetings.
- 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 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). The provider had risk assessed which roles required each level of DBS (basic or enhanced). Reception and administrative staff did not have an enhanced DBS completed and were therefore did not act as chaperones. Staff who worked as chaperones were trained for this role.
- There was an effective system to manage infection prevention and control.

- Legionella was managed appropriately with a completed risk assessment, water temperature checks and outlet flushing on a regular basis. (Legionella is a term for a bacterium which can contaminate water systems in buildings)
- 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. In the case of staff sickness, the centre was able to access Bupa locum staff.
- There was an effective induction system for agency staff tailored to their role. Staff told us that the induction was thorough and fully prepared them for their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis. However, due to the nature of the service acutely unwell patients were not seen.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Care records were managed electronically, and any paper documents were scanned into records within 24 hours.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- 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. The service had dedicated breast and prostate cancer screening pathways that enabled patients with abnormal results to be seen by a specialist in at the London Bupa hospital within a short space of time, sometimes on the same day.

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 emergency medicines and equipment, minimised risks.
- The service did not use prescription stationery and only supplied private prescriptions on plain paper.
- 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.
- The service had created a system where all abnormal results were checked twice. The lead physician audited all abnormal results at the end of every week to ensure they had been actioned appropriately.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, including fire and security.
- The service monitored and reviewed activity. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service used computer software to track health and safety risk assessments and activity, such as electrical testing and water checks. Any paper documents, such as remedial works, were able to be scanned onto this system. The system logged when actions had been completed and flagged when they were next due to ensure the service was always fully compliant.

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 strong systems for reviewing and investigating when things went wrong. All significant events and incidents were reviewed both within the clinic and by the wider organisation. Meetings were held with the wider organisation on a weekly basis to review specific incidents within the organisation and discuss improvements needed and actions taken. All actions taken at a local level were fed back to the central Bupa quality team for review. The Bupa quality team analysed trends in significant events and incidents across the organisation and locally and fed this back to the service.
- The Bupa quality team produced a monthly quality bulletin that detailed incidents and the actions taken. This was displayed at the service and discussed at clinical meetings.
- Examples of recent incidents include where an abnormal blood result was reported as normal. The service, and wider organisation reviewed the administration process for reporting and simplified these to avoid confusion. The incident was discussed with the contracted laboratory and a complex incident reporting policy and system was created. This was discussed at the weekly incident meeting to enable learning to be shared with the wider organisation.
- 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 was unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service 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 including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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.
- Relevant guidance was cascaded from the Bupa quality team and actions taken were fed back for review.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. Patients with abnormal results that could not be investigated within the clinic were referred to Bupa hospitals and consultants.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service used up-to-date technology to improve patient care, including body scan machines and point-of-care blood testing (where patients received immediate results from a finger-prick blood test.)

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. This included in-depth analysis of patient feedback.
- The service made improvements through the use of completed audits. 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. Audits included a review of anti-depressant prescribing where locums were found to have commenced treatment which was against Bupa policy. This was addressed with the doctors concerned and all staff reminded of the prescribing policy.

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. Staff told us the induction was thorough and supportive.
- We saw evidence of regular one-to-one conversations, appraisals, observations and competency assessments. There had been recent update to the venepuncture competency programme in response to a number of related incidents across the organisation.
- 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 told us that staff who had not completed training, or the training had become out-of-date, were not able to see patients until this had been completed. Protected time was given to staff to complete training.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation and appraisals.

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 through patient registration documentation. For patients attending for health assessments, a health advisor would perform the relevant tests, such as blood pressure monitoring prior to the doctor appointment to ensure the most recent results were available.
- 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.
- 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.

Are services effective?

(for example, treatment is effective)

- If urgent referrals were made, the administration team would contact the patient in the week following the appointment to ensure they had received the appropriate treatment. If there had been any delay, this was passed back to the lead physician.

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.
- Health advisors gave bespoke lifestyle advice and followed up any sessions with a telephone consultation to offer further support and obtain feedback.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider 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. Due to the nature of the service, patients who were unable to make decisions were not seen.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- Patients we spoke with told us they felt involved in decisions made about their care and were fully involved in their treatment programme.

- Patients told us through CQC 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.
- All lifestyle advice was tailored to the patients need and sessions with health advisors were an hour in length.
- 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 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.
- Patients told us through CQC comment cards that they felt their privacy was maintained throughout all examinations.
- The service provided shower and changing facilities for patients and used modesty sheets when performing examinations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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.
- Each patient was asked to give feedback to the service following their consultation. They were also asked if they are happy to receive a phone call to detail their feedback. All patients who scored the service less than seven out of ten were telephoned to discuss their experiences. This feedback was analysed for trends and improvements made. This was also escalated to the central Bupa team who analysed data across the organisation and made recommendations for improvement.
- The action taken to improve the service following feedback was displayed in the waiting area on 'you said, we did' boards. For example, patients suggested that they would prefer to have access to the internet whilst within the service, so the service had installed wi-fi. Patients also reported that in some situations they may have to see practitioners on two separate floors. The service reviewed how appointments were structured and worked with the building management team to prevent unnecessary room changes and streamline the patient journey.
- The facilities and premises were appropriate for the services delivered.
- The scores from patient feedback were compared against other Bupa clinics offering the same services to benchmark the service and share best practice.

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.
- Referrals and transfers to other services were undertaken in a timely way through the use of dedicated cancer screening pathways. Patients with abnormal screening results for breast and prostate examinations were referred directly to Bupa hospitals and consultants.

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 a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from an analysis of trends. It acted as a result to improve the quality of care.
- All complaints were analysed at the service and by the wider organisation. Learning from complaints was shared with the team at regular clinical meetings. Trends from complaints and action needed was discussed with the wider organisation on a weekly basis.
- The Bupa quality team produced bulletins that detailed complaints and the action taken. This was shared with staff at the service. Any actions taken to resolve complaints was reviewed by this team to ensure learning was shared throughout the organisation.

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:

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed in a timely manner and that learning would be taken from them.
- 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 and one-to-one conversations in the last year.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Staff told us they were encouraged to develop their career and skills. When staff attended training, they were expected to give a presentation to the rest of the team to share knowledge and improve practice. Staff told us they enjoyed being part of shared learning.
- There was a strong emphasis on the safety and well-being of all staff. The practice used a 'speak up' system where staff could anonymously report any concerns via a telephone line if they felt they needed.
- 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 and felt supported to perform their duties.
- 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?)

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 the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, policies to not commence treatment with anti-depressants but to refer to the patients regular GP were reinforced.
- 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. Bulletins from the wider organisation were discussed at whole staff meetings and feedback was sent back to the Bupa quality team.
- The service used performance information which was reported and monitored by the service and the wider organisation. management and staff were held to account for poor performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, patients told the service that the facilities appeared outdated and run-down and the practice refurbished all patient areas with new flooring and wallpaper.
- Feedback from patients across the Bupa organisation was used to improve service provision at a local level.
- Staff could describe to us the systems in place to give feedback. Each patient was requested to complete a questionnaire following their treatment and any patient who scored the service as less than seven out of ten, and had given consent, was telephoned by the management team to give more detailed feedback.
- Patients who had received a health assessment were contacted in the weeks following their appointment to follow up on any lifestyle advice given. Patients had reported this was beneficial and supportive through feedback mechanisms. This was also used as an opportunity to gather their views on the service.
- We saw evidence that the results of patient surveys and feedback mechanisms were discussed regularly at staff meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

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, both within the service and the wider organisation.
- 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?)

There were systems to support improvement and innovation work. For example, due to the nature of the service there were few safeguarding alerts or concerns raised however, safeguarding was discussed at each team

meeting. The service drew on examples to discuss from the wider organisation and if this was not available, would create scenarios to discuss and look for service improvements based on these.