

Bupa Centre - Leeds

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

We carried out an announced comprehensive inspection at Bupa Centre-Leeds on 27 June 2019 as part of our inspection programme. **This service is rated as Good overall.** The service was previously inspected on 19 March 2018. Although the service was assessed as being compliant with requirements, no rating was awarded at that time.

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

Bupa Centre-Leeds provides a range of services; health assessments, GP services and musculoskeletal services. Physiotherapy services are also available at the location. These services are provided by a range of skilled staff, including GPs, sports and exercise physicians, health advisors and other healthcare specialists. Appointments can be booked online or by telephone. Services are only available to clients over the age of 18 years.

The Bupa Centre-Leeds refers to people accessing their service as customers, and this terminology is reflected throughout the report.

The service is registered with the Care Quality Commission (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.

At Bupa Centre-Leeds, some services are provided to customers under arrangements made by their employer, a government department or insurance company with whom the service user holds a policy. These type of arrangements are exempt by law from CQC regulation. Therefore, during our inspection we were only able to evaluate the services which are not arranged for customers by any of the above mentioned agencies.

The centre manager is the registered manager. A registered manager is a person who is registered with the CQC 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 our inspection, we asked for CQC comment cards to be completed by customers. Prior to our visit 50 comment cards were completed, all of which were very positive. Customers spoke of a very positive experience, with good explanations provided of what to expect from appointments. Staff were described as respectful and helpful. We spoke with one customer in person who described their experience as positive in relation to accessing a convenient appointment, and staff were described as professional and friendly.

Our key findings were:

- A range of policies and protocols were in place, supported by the corporate provider, to which all staff at the centre had access.
- Staff had access to up to date evidence-based clinical guidance and updates. A monthly ‘Clinical Effectiveness’ bulletin was produced centrally and disseminated to all relevant staff. This ensured clinicians were furnished with information relating to medicines and other patient safety alerts, relevant clinical guidance, access to recently published studies of relevance and other features of interest.
- A programme of quality improvement activity was in place, including auditing of consultations, record keeping and prescribing patterns. Benchmarking was carried out against other Bupa services nationally.
- The premises were appropriately maintained and risk assessed, with any identified actions carried out in a timely manner.
- Feedback from staff was positive in relation to working within the service, staff were clear of their role within the organisation, and they felt supported by the leadership team, both locally and nationally, with sufficient time to reflect and learn.
- Staff had access to an internal training and development forum, ‘GROW’, which facilitated timely uptake of mandatory training, as well as access to additional formal developmental opportunities.
- Customer feedback showed that people felt they received an efficient and caring service, with appropriate after care and follow up when required.

Overall summary

The areas where the provider **should** make improvements are:

- Review and improve the experience for customers using wheelchairs or with mobility problems when accessing the service.

- Review and improve information for customers in relation to seeking further advice following resolution of any complaints.

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

This service is rated as Good overall. The service was previously inspected on 19 March 2018. Although the service was assessed as being compliant with requirements, no rating was awarded at that time.

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

Our inspection team

Our inspection team was led by a CQC lead inspector, with support from a GP specialist advisor.

Background to Bupa Centre - Leeds

We carried out a comprehensive inspection of Bupa Centre-Leeds on 27 June 2019. The service is located at Trafalgar House, 29 Park Place, Leeds LS1 2SP. The service is located within the city centre of Leeds. On-site parking is not available for customers, however a number of pay and display car parks are within a short walking distance. Leeds City railway station is also a short walk away. The website for the service is .

Bupa Centre-Leeds is registered with the Care Quality Commission to deliver the following regulated activities:

- Diagnostic and screening services
- Treatment of disease, disorder or injury

The centre opening hours are:

- Monday 8am to 5.30pm
- Tuesday 8am to 7pm
- Wednesday 8am to 7pm
- Thursday 8am to 5.30pm
- Friday 8am to 5.30pm

The service is accessible to fee paying customers over the age of 18 years only.

Bupa Centre-Leeds offers a range of health assessments, GP services and musculoskeletal services. Physiotherapy services are also available at the location. Our inspection did not include a review of physiotherapy services.

The centre is able to carry out a limited range of blood testing on-site, with more complex tests being carried out by a nearby independent hospital. Audiology testing is carried out on-site, and at the time of our inspection the service was in the process of developing in-house mammography (breast screening) services.

How we inspected this service

Before we visited the service, we reviewed information relating to the service on the website, and sought feedback from other stakeholders.

To get to the heart of customers' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to customers' needs?
- Is it well-led?

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

Are services safe?

We rated safe as Good.

Safety systems and processes

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

- The provider carried out annual health and safety risk assessments. There was a range of safety policies, co-ordinated by the national quality team. There were systems for regular review of all policies. Any policy changes were fed through to staff via staff meetings and via the Bupa newsletter. Policies we viewed gave clear guidance to staff in relation to how to escalate matters when required, or how to access additional guidance. Staff received safety information from the service as part of their induction and mandatory refresher training. Although the service did not treat customers under the age of 18 years, policies were in place in relation to both adult and child safeguarding, with relevant contact numbers listed in clinical rooms. Staff had accessed the levels of training appropriate for their role, in line with recent guidance. Evidence of customer identity was required at the point of booking an appointment.
- Staff were able to provide examples where liaison with other agencies had occurred to support the safeguarding of vulnerable customers.
- 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).
- Staff who acted as chaperones were identified at the point of recruitment, with an option to decline the role. Chaperones received training for the role and received a DBS check.
- Infection prevention and control systems were in place, with an annual audit carried out. Additional unannounced spot checks were carried out as part of ongoing internal audit, where infection prevention and control was included.
- Processes for managing the control of Legionella, which was the responsibility of the building landlord, were in place on the premises.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Systems for managing healthcare waste were appropriate.
- 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. A recent disability access audit had been carried out. It was identified that disabled access was impaired due to limitations of the building. We saw that plans were in place to improve access for customers accessing the service where wheelchair access was required.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- All staff received a structured induction appropriate for their role. Employed staff included salaried GPs and health advisors, supported by a number of sessional clinicians. Staff we spoke with told us they were provided with the information they needed at the beginning of their time working at the service, and on an ongoing basis.
- The service held a range of emergency medicines, which were regularly checked and were all in date and fit for use. Emergency equipment was regularly checked with documentary evidence to support this. Staff received annual basic life support updates. In addition, training had been provided to staff on the recognition and treatment for sepsis. A recent staff training event had included a mock emergency scenario in preparation for future unexpected or untoward incidents.
- With support from the national team, any changes to services or staff were assessed and required adjustments or changes were made to support smooth service delivery.
- Employed staff were provided with appropriate indemnity cover, paid for by the provider. Sessional staff were responsible for their own indemnity arrangements, which were checked and monitored by the provider.

Information to deliver safe care and treatment

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

Are services safe?

- Customer clinical records were held electronically, and included details relating to previous or current health concerns. We saw evidence that clinicians followed up to date, evidence-based guidance when treating customers.
- There were appropriate arrangements in place to share information with staff and other agencies to support the delivery of safe care and treatment. Consent was sought to share information from consultations or treatment plans with customers' own GPs. Staff told us there were processes to optimise customer safety in the unusual event that consent was denied.
- 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. Records were held for 20 years post consultation.
- Tests and referrals were carried out in a timely way in line with protocols and current 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 emergency medicines and equipment were appropriate. The service received and monitored temperature sensitive medicines for another service delivered from the site. We saw that processes in this regard were appropriate. Prescriptions were issued to individuals by the prescribing clinician.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where medicines were prescribed 'off licence', customers were given clear information relating to their use, and side effects or contraindications were clearly explained.

Track record on safety and incidents

The service had a good safety record.

We rated safe as Good .

- There was a range of comprehensive risk assessments in relation to safety issues.
- The provider, supported by the Bupa Risk Management Framework, 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.

- The provider had a strong ethos of reporting errors, near misses and significant events, supported by the Quality Governance team. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt supported by managers and leaders when incidents occurred.
- The systems for reviewing and investigating issues following such incidents were thorough. Local issues were investigated and disseminated by the practice manager, with support or intervention when required by the area manager or clinical lead, supported by the Quality and Governance framework. We heard of examples where lessons were learned and action taken following such incidents. For example, following a series of incidents where duplicate records had been created as a result of customers accessing the service online, a detailed root cause analysis exercise had been carried out. Systems were overhauled to include changes in the booking system with information technology (IT) solutions being sought to prevent recurrence.
- The service was aware of the requirements of the Duty of Candour.

When there were unexpected or unintended safety incidents:

- The provider gave affected people reasonable support, truthful information and a verbal and written apology when appropriate.
- 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 staff.

Are services effective?

We rated effective as Good.

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. We saw examples of Clinical Effectiveness Bulletins which were disseminated regularly to clinicians, as well as meeting minutes which demonstrated appropriate discussion had taken place.
- Customers' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing. Although all customers were seen on a pre-booked basis, urgent cases could be seen by the service, with customers' own GPs being informed of any treatment carried out or recommendations for future treatment.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff made use of a visual tool to assess pain in customers when required.
- Customers were able to access the service and make appointment bookings online. Each customer was provided with a unique identifier at the time of booking. Details of their appointment time, including information about what the appointment would involve, were emailed to the customer. The service maintained security by use of encrypted emails when communicating with external sources.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. In the previous year a range of quality improvement activity, including completed audits, had been carried out. For example, an audit into the use of antibiotics for an acute cough was

undertaken, following the Royal College of General Practitioners (RCGP) toolkit. Results showed that the number of antibiotics being prescribed had reduced from 70% to 32% following the re-audit, which was only just above the target set by the RCGP of 30%.

- Audit had a positive impact on quality of care and outcomes for patients. For example, annual records audits were carried out on clinician records. This was to support a consistent approach with the appropriate level of detail included, and timely completion of referrals, further tests, and communication with customers' own GPs. We saw a high level of compliance from the most recent audits completed.

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.
- Medical professionals were registered with the General Medical Council (GMC) Council or appropriate professional body, 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. Internal intranet systems contained the 'GROW' package, which provided staff with timely reminders for mandatory training, with details of opportunities for more formal learning programmes.

Coordinating patient care and information sharing

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

- Customers received individualised care and treatment. Appropriate referrals were made, for example onto independent hospitals, customers' own GP or other services, such as mental health support services when appropriate.
- Before providing advice or treatment, clinicians 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.

Are services effective?

- 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. Staff told us it was unusual for customers to refuse this consent, however, if it was the case their reasons were explored and the benefits of informing their own GP were described. We were assured that if any risk was deemed to be possible in the event of the GP not being informed, staff made decisions in line with patient safety and safeguarding considerations.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We were provided with examples to demonstrate that the provider worked with other relevant services to ensure the best outcomes for customers.

Supporting patients to live healthier lives

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

We rated effective as Good  .

- A significant emphasis was placed on healthy lifestyle advice by the medical staff and health advisors in the service.
- 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 customers to make decisions. Where appropriate, they assessed and recorded a customer's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good .

Kindness, respect and compassion

Staff treated customers with kindness, respect and compassion.

- Feedback from customers was overwhelmingly positive about the way staff treated people.
- Staff understood customers' personal, cultural, social and religious needs. They described an understanding and non-judgmental attitude to all customers.
- Customers were provided with timely access to appointments.

Involvement in decisions about care and treatment

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

- Telephone interpretation or translation phone applications were available for customers who did not have English as a first language.
- Customers 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.

- Staff told us that where customers had learning disabilities or more complex social needs, other agencies would be involved if appropriate.
- Staff communicated with people in a way that they could understand, for example, a hearing loop was available. Staff were made aware if customers had difficulty with reading and writing, and made adjustments in relation to communication methods in accordance with this.

Privacy and Dignity

The service respected customers' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- We were told that a planned building refurbishment was taking account of the need for improved confidentiality at the reception desk area.
- Staff told us if customers wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good.

Responding to and meeting people's needs

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

- The provider understood the needs of their customers and improved services in response to those needs. For example, a full refurbishment of the provider premises was scheduled for later in the year, in response to customer feedback.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider recognised that access for customers using a wheelchair was not adequate. They had therefore improved signage outside the building and provided information provided to customers to advise the service before their appointment of any mobility difficulties they may have. The provider acknowledged that access for customers using wheelchairs could be improved. As part of the planned refurbishment work, plans were in place to widen the door via which customers in wheelchairs accessed the service from the underground car park.

Timely access to the service

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

We rated responsive as Good .

- Customers had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Customers with the more urgent needs were prioritised for appointments.
- Customers reported that access to the service's appointments worked efficiently.

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 customers who made complaints with respect.
- At the time of our visit, information for customers in relation to how to take further action was not made clear on the communication we reviewed. The provider told us they would clarify with the national team and include appropriate contact numbers, such as the Independent Sector Complaints Adjudication Service (ISCAS) if required.
- The service had a complaints policy and procedure 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, the air conditioning/heating system was included in the planned works for the upcoming refurbishment work.

Are services well-led?

We rated well-led as Good.

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.
- Staff told us leaders at all levels were visible. Staff had access to leaders with overarching responsibilities within the service when necessary. Local leaders worked closely with staff and others to make sure they prioritised customer focused and ethical standards of care.
- 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 care to high professional standards, in line with the Bupa Code.

- The Bupa Code set out a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- As part of staff induction, all staff were trained in understanding the Bupa Code. This included putting customers first, staying safe and well, acting ethically, working to high professional standards and taking care of the planet.
- There were well defined processes to monitor progress against delivery of the strategy.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the provision of ethnically motivated provision of care for customers.
- We heard of examples when leaders and managers had taken appropriate action in relation to staff behaviour and/or performance which were not in line with the Bupa Code.

- 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.
- There were processes for providing all staff with the development they need. This included monthly one to one meetings, annual appraisal and career development conversations. We were told the focus for this year's appraisal was staff feelings, and responses to working under pressure. Adjustments could be made in relation to workload, or additional training or support provided when required. All staff had received an appraisal in the last year.
- Clinical staff were given protected time for professional development, reflection and evaluation of their clinical work.
- The provider promoted a diversity agenda 'Being You', which included a range of uniform options for staff to select in line with personal preference. Equality and diversity training formed part of mandatory training for staff.
- Staff described positive relationships at all levels in the organisation.

Governance arrangements

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

- The organisation operated a 'Three Lines of Defence' model to structure roles, responsibilities and accountabilities within the service.
- The model promoted a culture of openness and accountability. Employees were clear on their roles and responsibilities.

Managing risks, issues and performance

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

- Bupa had a clear structure, including governance and risk management processes to support efficient and effective ways of working for staff at all levels.
- Independent assurance was achieved via a range of internal audit, including unannounced spot checks by

Are services well-led?

the regional manager, where the centre was required to achieve 95% compliance against a range of measures. Results were benchmarked against other Bupa centres across the country.

- Clinicians were audited annually on their consultation notes and prescribing and referral activities.
- A structured range of clinical and non-clinical audit impacted positively on customer outcomes and quality of care.
- The provider had engaged in a collaborative process with the local authority, in preparing and planning for any major incident in the city.
- Staff within the service had received training in dealing with emergencies. A recent session had involved staff in a mock emergency scenario to aid learning.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of customers.
- Quality and sustainability were discussed at quarterly operational manager meetings including all centres in the North of England. In addition, national meetings were held on a quarterly basis for team leaders and team managers.
- The service used performance information which was reported and benchmarked with other Bupa centres across the country.
- The service submitted data or notifications to external organisations as required.
- There were clear arrangements in line with data security standards for the availability, integrity and confidentiality of customer identifiable data, records and data management systems.

We rated well-led as Good



Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from customers, staff and external partners and acted on them to shape services and culture. For example, the health assessment process was being redesigned in line with customer feedback. At the time of our visit this was still in the test stage. New equipment had been purchased, by way of a new exercise bike, to support a comprehensive assessment to improve the quality of results and information available to customers.
- Staff could describe to us the systems in place to give feedback. Staff described an 'open door' policy to the centre manager. Monthly one to ones and annual appraisal as well as regular team meetings facilitated staff feedback.
- 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.

- Staff were provided with time to reflect and learn in order to develop their skills and knowledge.
- Incidents and complaints were reviewed at a local, regional and national level within the Bupa organisation. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. For example, the centre was planning a community event before the end of 2019, promoting healthy living, including a three day diabetes awareness event.