

Announced Inspection Report: Independent Healthcare

Service: Bupa Health Centre, Glasgow

Service Provider: Bupa Occupational Health Limited

16 November 2021

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Bupa Health Centre on Tuesday 16 November 2021. We spoke with a number of staff during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Bupa Health Centre, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment. Systems and processes were in place to maintain and manage safety, including a regular programme of audits and a risk register. The correct cleaning product should be available for cleaning contaminated equipment.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	Clear and robust governance and quality assurance systems were in place. Staff we spoke with enjoyed working in the service. Processes were in place to continually identify how further improvements to the service and the patient experience could be made.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients were able to book a range of health assessments and GP appointments. Consultations were recorded in patients' care records along with health reports, test results and onward referral letters.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Systems were in place for the safe recruitment of staff, including for those staff granted practicing privileges to work in the service. Regular checks were completed to ensure staff continued to be safe to work in the service. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Bupa Occupational Health Limited to take after our inspection

This inspection resulted in three recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at Bupa Health Centre for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients were cared for in a clean and safe environment. Systems and processes were in place to maintain and manage safety, including a regular programme of audits and a risk register. The correct cleaning product should be available for cleaning contaminated equipment.

We saw that the service followed Public Health Scotland's COVID-19 guidance on infection prevention and control. Patients and visitors were asked screening questions when they arrived at the service. This was to make sure they did not have symptoms of COVID-19, had not been in contact with anyone who had tested positive and had not recently tested positive themselves. Personal protective equipment, such as disposable aprons and gloves, and hand sanitisers were available. All visitors and patients had their temperature taken as a precautionary measure when they arrived.

The environment and equipment were clean and safe. All areas were well organised and uncluttered. Patient equipment was cleaned between patients and cleaning checklists were completed to show full cleaning of the consulting rooms took place twice a day. Frequently touched surfaces, such as door handles and telephones in all areas of the clinic, were cleaned every 2 hours.

Clinical waste and sharps bins were available and we were told that a waste contract was in place.

The service had a medicines management policy and a small stock of medicines were stored securely in a locked drugs cupboard. We saw appropriate emergency equipment and medications were available.

Infection prevention and control, and health and safety, was discussed regularly at staff meetings. An electronic system was used to manage the service's risk register, and record any incidents and accidents that had taken place. We saw risks that had been identified had documented actions that had been taken and dates for review.

The service had an established audit programme. A full audit was completed every year by the provider and every 3 months by the service. Specific monthly audits were also carried out, selected from the full audit. This included aspects of infection prevention and control to ensure a good standard of cleanliness was maintained, and that staff had a good understanding and awareness of infection prevention and control practices.

We saw appropriate fire safety equipment in place, including signage, smoke detectors and extinguishers.

What needs to improve

The service had a kit for dealing with blood spills. However, a suitable product was not available for cleaning blood or body fluid contamination from equipment (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that it has the correct product available for cleaning equipment in the event that it becomes contaminated with blood or body fluids.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were able to book a range of health assessments and GP appointments. Consultations were recorded in patients' care records along with health reports, test results and onward referral letters.

We were told that patients accessed the service in various ways and were provided with information about the services available at the time of booking their appointment. Patients also received password-protected access to an online portal allowing them to manage their appointments and health information.

Patients attended for health assessments or GP appointments. We saw evidence of detailed pre-appointment questionnaires completed by the patient and discussed during their appointment. This ensured a full medical history was obtained. We saw detailed consultation notes for each appointment.

Health assessment reports, test results and referral letters were all available the same day for the patient to access on the portal. A clear process was in place for sharing information with NHS GPs. This included ensuring patient consent to sharing information had been sought. Health assessment reports included action plans detailing what the patient should do following their appointment. Follow-up telephone calls from a lifestyle advisor offered further support with the patient's recommended lifestyle improvements.

Information was stored securely on a password-protected electronic database. All entries on patient notes were recorded within the appointment record, and were automatically dated and timed. The service was registered with the Information Commissioner's office (an independent authority for data protection and privacy rights).

We were told the lead GP carried out a patient care record audit every 6 months to monitor the standard of record keeping.

What needs to improve

When an investigation was required, such as a blood test or scan, this was organised during the consultation. The costs of these were displayed on the GP's computer screen and discussed at the time with the patient. However, this discussion was not recorded in the patient care record. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Systems were in place for the safe recruitment of staff, including for those staff granted practicing privileges to work in the service. Regular checks were completed to ensure staff continued to be safe to work in the service. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

The manager told us some recruitment checks were completed by the provider, and other checks were carried out by the service. We reviewed five electronic staff files, including for some staff who were working under practicing privileges agreements (staff not employed by the provider but given permission to work in the service).

All staff files contained important pre-employment information such as confirmation of identification, qualifications and professional registration. We saw signed agreements for those staff working under practicing privileges.

The service had a system to help manage and monitor the checks that needed to be repeated at specific intervals, for example the GP's General Medical Council (GMC) registration and insurance.

Regular performance reviews took place with one-to-one meetings between staff and their line managers held every month. Progress against performance and development goals were discussed and supported.

Staff had received appropriate mandatory training and could request to undertake additional training courses if they wished. Staff told us they had sufficient time and resources to carry out their duties and that staffing levels were good.

What needs to improve

The service obtained a Disclosure Scotland Protecting Vulnerable Groups (PVG) background check for staff using a third party organisation. We saw that the date of when the check was completed and the PVG number were recorded in the staff file. However, as well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, it provides a point in time check of an individual's criminal convictions history. No system was in place to check staff's ongoing PVG status. A system should be introduced to obtain a PVG update for staff at regular intervals (recommendation b).

We saw that the service recorded the date when staff working under practicing privileges agreements had their last appraisal. However, a copy of the document was not kept in the staff file (recommendation c).

- No requirements.

Recommendation b

- The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Recommendation c

- The service should ensure that a copy of the current appraisal for staff working under practicing privileges is kept in their staff file.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Clear and robust governance and quality assurance systems were in place. Staff we spoke with enjoyed working in the service. Processes were in place to continually identify how further improvements to the service and the patient experience could be made.

There were clear governance and line management structures within the service. We were told the provider had overall responsibility for the development of policies used in the service, but that these would be adapted to reflect the local context. The service manager told us the service had a system to ensure that new policies were disseminated to staff and to confirm that they had read them.

Staff told us they enjoyed working in the service, and that their views and opinions were listened to. If they had any concerns, they were aware of how they could raise these within the service or through the 'Speak Up' process (an option if staff felt unable to speak with their own line management).

We saw evidence of monthly team meetings to which all staff were invited. These meetings followed a set agenda which covered areas such as quality, governance and complaints. Minutes of the meetings were emailed to staff to ensure all staff were kept informed and up to date. We saw the minutes from the monthly team meetings were also displayed on the staff noticeboard. We also saw minutes from the monthly clinical meeting attended by the service manager, lead GP and lead health advisor.

The electronic system used to manage the risk register was also used to manage complaints. We were told the service manager was responsible for dealing with complaints, but that the regional governance team also had oversight of any

complaints. A system was in place to allow complaints to be reviewed by the provider if a review external to the service was required.

Patient feedback was obtained using an electronic system, to which all patients received an email link. Feedback was collated and analysed and could be used to provide individual staff with feedback. The provider had oversight of the feedback received allowing them to monitor trends. The service manager told us they had a monthly meeting with the provider to discuss feedback.

The service manager told us they had been approached by the provider's head of partnership to support the development of a health screening clinic for a partner organisation to share their learning and skills.

The service used a clinical scorecard system to measure key service delivery indicators. This, along with the service's quality improvement plan, were used to support areas for improvement, such as environmental initiatives and a new GP induction programme.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

None

Recommendation

- a** The service should ensure that it has the correct product available for cleaning equipment in the event that it becomes contaminated with blood or body fluids (see page 8).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

Domain 7 – Workforce management and support

Requirement

None

Domain 7 – Workforce management and support (continued)

Recommendations

- b** The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

- c** The service should ensure that a copy of the current appraisal for staff working under practicing privileges is kept in their staff file (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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