

ABL Health Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 26 January 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

ABL delivers community healthcare programmes across the north of England. They offer support services to

people who need to lose weight for health reasons. All patients within these programmes are NHS funded and have been referred to the service for advice and treatment from an NHS practitioner. All services were managed from ABL Limited head office in Bolton but provided in community settings for example: Blackpool, St Helens and Hull. The services of ABL are commissioned by local NHS clinical commissioning groups (CCG's) or the local authority.

Services offered:

Choose to Change (C2C) is a weight management behavioural change programme that adopts a different stance to other weight loss programmes, encouraging lifelong change rather than short term traditional diets. It helps people to break down their barriers to sustained weight loss, become more active and make positive food choices. Choose to change programmes are held out in the local community ensuring easy access for their patients. The clinics are run by a variety of support professions which include doctors, lifestyle coaches, psychologists, dietitians and nutritionists. It is part of the patient's ongoing bariatric treatment. (Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity)

Birth understood for mums and partners (BUMPS) is a programme of antenatal advice and support for prospective parents. The aim of this holistic health and well-being service is to help new and prospective parents feel confident and prepared to give their children the very

Summary of findings

best start in life. This service is offered in Hull only. All patients, within this service, remain under the care for their NHS Midwife for clinical support. These sessions are run by birth educators with the support of a consultant midwife.

The service also offers:

- Training packages. Examples include: Brief advice, intervention and motivational interviewing training, nutritional and physical activity guidance for children and training peer supporters and health champions to deliver health messages in the community.
- Health at Work integrated workplace health and wellbeing service for small to medium sized enterprises.
- Health Young People (HYPE) offering confidential advice and support to young people between the ages of 10 and 19 from across Hull. HYPE offers health advice and information on a wide range of topics including alcohol, drugs, sexual health, mental health, nutrition, physical activity, emotional and lifestyle support.

However all the above programmes are not within the scope of their registration with CQC and were not reviewed as part of this inspection.

Staff employed by the provider include: GPs, psychologists, dietitians, nutritionists, life style coaches, physical activity specialists, health trainers, birth educators and administration staff.

The chief executive 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.

We spoke to three patients on the day of inspection. They all commented very positively about the help and support offered to them in their weight loss treatment. All said they would not have lost weight or understand how to maintain their weight loss without the programme.

We reviewed 62 Care Quality Commission (CQC) comment cards from patients in the Choose to Change

program that provided feedback about the service. All these cards were very positive about the help they received and the manner in which they were treated. All were very positive about the staff running their programme.

We reviewed 22 comment cards from the BUMPs patients. Again these were all very positive about the help and support they received from ABL staff. The only negative comment was that the chairs in the venue were not comfortable for pregnant women.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for the reporting and recording of incidents.
- Patients said they were treated with compassion, dignity and respect and they were fully involved in their treatment plans and decisions regarding their on-going treatment.
- Information about services and how to complain was available and easy to understand.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence (NICE).
- All members of staff maintained the necessary skills and competence to support patients.
- Staff were up to date with all mandatory training and current guidelines and were led by a proactive management team.
- Risks to patients were well documented and managed.
- Staff were kind, caring and competent and put patients at their ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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

- Review all location risk assessments with regards to the accessibility of a defibrillator on the premises. As staff worked in locations away from the main provider site portable emergency equipment should be considered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events with regular learning shared and embedded into practice.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. All staff were aware of the process and had been trained in relation to alerting safeguarding risks for both children and adults.
- Risks to patients were recorded, monitored and reviewed from a multidisciplinary team of staff.
- There were clear procedures for the acceptance of patients.

Are services effective?

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

- Patients' needs were assessed and support delivered in line with current legislation, standards and evidence-based guidance.
- Treatment pathways were implemented to suit the needs of individual patients.
- Staff had the skills, knowledge and experience to deliver effective treatment and support.
- There were clear protocols in place for the referral of patients to the service and acceptance of those patients into the service.
- Staff understood and complied with legislation and guidance around consent, including the Mental Capacity Act 2005.

Are services caring?

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

- Patients were treated with kindness, dignity, respect and compassion while they received support in the service.
- Patients felt fully involved in decisions made about their treatment and support.
- There were various members within the multidisciplinary team who supported patients both physically and emotionally with their care and support.

Are services responsive to people's needs?

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

- All services were planned and delivered to meet the needs of patients.
- Treatment planning took account of the needs of all different people, including those in vulnerable circumstances.
- There were processes in place to listen to patient's ideas, concerns and complaints. These were responded to, and used to improve the quality of the service provided.

Are services well-led?

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

- There were governance arrangements in place that ensured the responsibilities of staff were clear.

Summary of findings

- There were processes in place to monitor the quality of the care provided and this was regularly reassessed. There were systems in place to encourage continual improvement.
 - There were systems in place to identify and manage risk.
 - There was a leadership system and culture which encouraged openness and transparency which prompted the delivery of high quality care.
 - Patients were actively engaged and involved in the planning and delivery of services.
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ABL Health Limited

Detailed findings

Background to this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory function. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

We carried out an announced comprehensive inspection of ABL Health Ltd on 26 January 2016 as part of the independent doctor consultation service inspection pilot.

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed the information provided from the pre inspection information request.

During our visit we:

- Spoke with a range of staff including the executive board, administration staff, a life coach and a psychologist.
- We talked with patients to obtain feedback about the service.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public 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

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording incidents. Staff told us they would inform their manager of any incidents and record them on the service's computer system. The service carried out a thorough analysis of the incidents and the outcomes of the analysis were shared at staff and management meetings. We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service.

Members of the board told us that if there were unintended or unexpected safety incidents, patients would receive reasonable support, truthful information, a verbal and written apology and would be told about any actions to improve processes to prevent the same thing happening again. The service would keep written records of verbal interactions as well as written correspondence if the need arose. As they had not reported any safety incidents we were unable to verify this.

The provider was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for disseminating information about notifiable safety incidents.

Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. The policies and contact information was accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. We saw that the level of safeguarding training was assessed in line with staff's job description. We found that all staff who had face to face contact with patients were trained to the

appropriate level in safeguarding. For example a lifestyle coach was trained to level 2 for the safeguarding of vulnerable adults and level 3 in the safeguarding of children as was the doctor.

Medical emergencies

The service had arrangements in place to respond to emergencies. We found that all staff had been trained in Basic Life Support to level 1. Staff did not carry emergency resuscitation equipment with them to the venues they held sessions in. This included an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We were told that staff would rely on the defibrillator on the premises if required. However we found that staff were not aware which buildings had a defibrillator.

In the event of adverse weather conditions or unexpected absence of staff the administrators would telephone all patients to explain that the session had been cancelled. They would also notify the location where the session was to be held so they could inform people if they arrived.

Staffing

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. There was a planning system in place to ensure enough staff were available to support patients attending for the different types of support sessions.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety. All of the staff team undertook health and safety awareness training as part of their induction.

As staff worked in locations away from the main provider site we found that each location had been risk assessed for safety. Staff used this risk assessment to check the safety of the buildings at the beginning and end of each session. There was an effective reporting system in place for staff to

Are services safe?

report any concerns identified within the risk assessment. As staff sometimes worked alone the provider had a Lone Worker policy in place to ensure all staff remained safe during the course of their work. Staff we spoke with were aware of this policy.

All electrical equipment was checked and calibrated to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Infection control

At the main site we found that there were effective systems in place to reduce the risk and spread of infection. Appropriate hand washing facilities were available in each of the toilets. A hand washing poster was displayed near to the sinks to ensure effective decontamination. The offices were found to be clean and tidy. We were told that no patients attended the main office as part of their treatment programme.

On the review of the 84 CQC comment cards completed by patients we found that a number of patients had reported that the venue for their treatment session was clean, hygienic and suitable for the purpose.

Each risk assessment for the specific venues had checks included for cleanliness and infection prevention.

Premises and equipment

The management suite for ABL Health was situated in a purpose built building. We saw that checks were in place to ensure this building was fit for purpose for the staff that used it.

For all other locations used by the service the landlord had responsibility for building maintenance and repair and processes in place to ensure a safe environment for patients and staff. The service had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and moving and handling of loads.

A patient audit in September 2015 showed that 82% of the respondents strongly agreed that the location was convenient and appropriate.

Safe and effective use of medicines

No medicines were used within this service.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Referrals to the service could only be made via a medical practitioner.

The assessment protocol used by the clinic stated that only patients with BMI of over 35 could be considered. (Body mass index (BMI) is a measure of body fat based on a patient's weight in relation to their height, and applies to most adult men and women aged 20 and over).

Each new patient consultation usually took two hours. During the initial consultation, the following information was collected from each person; weight, height, medical, psychological and life style assessments were undertaken. The doctor also checked blood glucose levels and for contraindications to treatment such as uncontrolled diabetes, kidney disease and uncontrolled high blood pressure.

Access to BUMPS was arranged by each patient's NHS midwife as part of their ongoing antenatal care.

We saw that treatment plans were designed to meet individual need. There were different routes a patient could take into therapy; the route a patient took was decided by investigations into their physical and psychological need. Treatment plans were also designed to meet the needs of people with, for example, learning difficulties or transgender issues. The patients we talked with all confirmed that their plan was designed especially to meet their particular needs and we found that each of the patients had received the service in a different way.

The service collated information about the process times for referrals and the time patients waited for their first session. The report for July – September 2015 showed that 100% of the referrals had been processed with 5 working days and 93% of patients were offered an initial appointment within four weeks. Analysis of patient treatment records showed that 95% of patients have weight, blood pressure and BMI recorded both pre and post treatment.

The effectiveness of the treatment was also monitored. Audits showed that 73% of clients achieved a 3% weight loss in six months with 51% of these achieving a 5% weight loss during this time.

An audit in June 2014 was undertaken to compare the weight loss between diabetic and non-diabetic patients. There were various learning points highlighted following the audit, for example The review of the database design so that weights could be added to patient notes where date and time was automatically recorded, and to record weight at three months into treatment in order to comply with NICE guidance. We found that these findings had been actioned and the learnings addressed.

Staff training and experience

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The service had a basic induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed.

The service could demonstrate how they provided mandatory training and updating for all staff. Staff had access to and made use of e-learning training modules and in-house training. The learning needs of staff were identified through a system of meetings and appraisal which were linked to service development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring. There was also clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Results from a patient survey showed that 92% of respondents strongly agreed that staff were knowledgeable. Patients we spoke with also confirmed this.

Working with other services

During treatment under C2C the service regularly kept the patient's GP or bariatric consultant up to date with the patient outcomes. In the BUMPS service all clinical needs continued to be monitored by the patient's NHS midwife. There were effective mechanisms in place for following up on patients who had been referred to other services.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We found staff sought patients consent to care and treatment in line with legislation and guidance and recorded this on the patient record. Staff understood the consent and decision-making requirements of legislation

and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance (Gillick).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the service. We received 84 completed cards and all were positive about the service experienced. Comments supported that the practice was able to meet the needs of their patients. A number of comments stated that the staff were reassuring towards their patients, giving them confidence and treating them thoughtfully and with respect. All comment cards praised the staff in the service for the care and support they offered patients. We did not receive any adverse comments about care and treatment provided by the service; however a number of patients commented how uncomfortable the chairs were at the BUMPs sessions.

Results from a patient survey in September 2015 showed that 95% of patients strongly agreed that staff treated them with consideration and respect.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

There were various clinicians available to support patients, for example psychologists and dieticians. Each patient has a nominated lifestyle coach and a GP specialist with which they worked on a one to one basis.

Patient feedback on the comment cards we received was also positive and aligned with these views.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the clinic was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of patients were understood, for example there was guidance on healthy eating available specifically aimed at men and advice was given on regular exercise. All patients had treatment plans designed to meet their specific needs and patients we spoke with on the day confirmed this to us.

Treatment sessions were put in place within the local community which allowed patients easier access than travelling to the main building. Clinic sessions were available at various times throughout the day to meet the needs of the patients. Telephone support was available to patients between 8am – 8pm. There were also peer groups and a Facebook page which patients could access if they felt they needed additional advice or encouragement.

It was the responsibility of the local NHS commissioning board to buy (contract) the number of patient treatment sessions. We found however, that if the contract did not fully meet the needs of the patient the service would continue to work with the patient until the patients' outcomes and goals were met. Senior management personnel told us they would never turn a patient away or stop support for patients until the patient themselves felt they were ready. For example; in Blackpool if patients couldn't start immediately due to the paid for quota having been used they would "engage" with them by responding in writing and sending them some basic introductory material to give the patient the sense that they had not been forgotten and that things were getting started.

A group feedback analysis in September 2015 showed that 85% of patients who responded found that the programme was interesting and enjoyable and 71% strongly agreed that the programme successfully met their needs.

Tackling inequity and promoting equality

The services were open to all patients who met the admission criteria. Treatment plans were devised around each patient's individual need. There were different plans for example for men, people with learning disabilities and for people with other mental health issues. Staff told us that each patient was treated as an individual and patients we spoke with and the comment cards received confirmed this.

There was appropriate equipment available such as bariatric scales designed with a weight capacity of up to 500kgs, specialist wheelchair scales with a 300kg capacity and portable scales with a weight capacity to 250 kgs. Bariatric (large) chairs were available for patients to sit on and blood pressure monitors all used large cuffs up to 42 cm in diameter.

Access to the service

Referrals to the service could only be via a medical practitioner. When a patient was referred their documentation was reviewed and patients were offered a session in a facility near to their home. This enabled patients to access the service much easier. An audit of patients who dropped out of treatment showed that the distance people had to travel had an effect on their attendance rate.

We were told that treatment sessions were offered across the north west including Blackpool, Walkden and Manchester. At present the BUMPS service was only commissioned to provide services in Hull.

Concerns & complaints

The provider had a system and procedure for handling complaints and concerns. There was a complaint policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available on the service website and leaflets were included in the welcome information packs given to patients. We were told there had been no complaints in the last 12 months. The designated responsible person who handled all complaints was the registered manager.

Are services well-led?

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

Our findings

Governance arrangements

The governance arrangements of the service were evidence based and developed through a process of continual learning. The service had a number of policies and procedures in place to govern activity and these were available to all staff.

The executive team had responsibility for the day to day running of the service. There was a clear leadership structure with named members of staff in lead roles. For example there were designated leads for lifestyle coaches, projects and multidisciplinary teams.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by the management team. Staff told us they were approachable and always took the time to listen to them.

The provider was aware of and complied with the requirements of the Duty of Candour. The organisation encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

We found the service held regular team meetings with staff to discuss any issues and identify any actions needed. Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings. Staff were involved in discussions about how to run and develop the service, and to identify opportunities to improve the service.

Learning and improvement

Staff told us the service supported them to maintain their professional development through training and mentoring. The management of the service was focused on achieving

high standards of clinical excellence and provided daily supervision with peer review and support for staff. We found formal appraisal had been undertaken and was embedded within the culture of the service. The staff we spoke with told us the service was supportive of training and professional development, and we saw evidence to confirm this.

A programme of audits ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found that an audit had been performed to understand why patients dropped out from the service. The results from this audit were used to change the service provision. A later audit demonstrated that the dropout rate had decreased following the changes they had made.

The service produced quarterly quality and performance reports for their commissioners. Information in these reports included information about the process times for referrals and the time patients waited for their first session and the effectiveness of the treatment.

Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback post consultation about the delivery of the service. The service had also gathered feedback from staff through a staff survey, through staff meetings, appraisals and discussion. The results of these were analysed each year and these showed patients were satisfied and would be happy to visit again.

For BUMPs a quarterly executive board report was prepared regarding patient feedback. The overall satisfaction rate with the service was above 80%. There was evidence that the board had acted on any negative comments received. The service has also produced a newsletter for patients to demonstrate how they responded to patient comments.