

# New Leaf Health Care Limited - Leeds Clinic

## 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?

Requires improvement 

# Overall summary

**This service is rated as Good overall.** (Previous inspection January 2017 - not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at New Leaf Healthcare Leeds to rate the service as part of our inspection programme.

New Leaf Healthcare Leeds is a private clinic which provides weight loss services for adults, including prescribing medicines and providing dietary advice to support weight reduction.

The clinic manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

50 patients provided feedback about the service via comment cards and we spoke to one patient on the day of

inspection. All the feedback was positive. Patients told us that the service provided was excellent, that staff were friendly, and they were confident in the treatment they received.

## Our key findings were:

- Patients felt supported and said that staff were professional.
- The clinic was in a good state of repair, clean and tidy.
- The audit process was not fully effective.
- Some risk assessments were not in place or had not been updated when changes occurred.

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

- Improve the audit process to include the assessment of weight loss and the number of patient records reviewed.
- Update risk assessments.
- Implement a process to verify the identity of patients.
- Review the availability and training for a chaperone service
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

## Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC Pharmacist Specialist. The team also included a member of the CQC medicines team.

## Background to New Leaf Health Care Limited - Leeds Clinic

New Leaf Healthcare Limited is located in Leeds City Centre and offers a private weight reduction service for adults over the age of 18. The clinic comprises of reception and office areas and one clinic room. It has disabled access and a toilet facility.

The clinic is open for both pre-booked and walk-in consultations 9:30am to 1:30pm Tuesday, 9:30am to 1:00pm Thursday, 10:00am to 2:00pm Friday and 9:30am to 12:30pm alternate Saturdays. The clinic employs two doctors, one receptionist and a manager.

### How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection report and

information from the provider. We spoke to the manager and receptionist. We also spoke to the doctor. We reviewed a range of documents. We received 50 comment cards. 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?

## Safety systems and processes

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

- The provider conducted safety risk assessments, however some needed to be updated to reflect changes. For example, the fire risk assessment and notice had a different assembly point noted. There were appropriate safety policies that had been reviewed recently and communicated to staff although there was no version control. They outlined who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed by the service. (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). However, one person worked a small number of hours as a cleaner. This person was known to the registered manager, but no formal recruitment checks had taken place.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received safeguarding and safety training. The clinic doctor had level three safeguarding training. They knew how to identify and report concerns. Currently the service didn't formally offer a chaperoning service and staff had not been trained for this. Staff said that a member of staff could accompany patients in a consultation if requested, however this had not been requested recently.
- There was an effective system to manage infection prevention and control. A Legionella risk assessment had been carried out. (Legionella is a term for a particular 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 considered 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff were trained in basic life support and the doctor had advance life support training.
- There was a first aid kit kept on site. There were no other items for emergency use, however there was no risk assessment in place to support this decision.
- There were appropriate indemnity arrangements in place to cover activities at the clinic.
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## 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.
- Records were stored safely and securely.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had systems 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 declined to treat patients in line with protocols and evidenced based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, controlled drugs, and equipment minimised risks.

## Are services safe?

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing, however the sample size was small compared with the number of people treated. Results of these audits were shared with relevant staff.
- The service did prescribe Schedule 3 controlled drugs (medicines that have the additional levels of control due to their risk of misuse and dependence) and had appropriate storage and records.
- Staff prescribed and 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.
- There was no system in place to verify the identity of patients.
- Some of the medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.
- There were risk assessments in relation to safety issues, however some risk assessments had not been reviewed when changes occurred.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

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

- There was a system for recording and acting on significant events, though the service had no recent events recorded. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers said they would be supported if they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The manager told us that the service had a process in place to identify themes and act to improve safety in the service.
- 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

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.

### Track record on safety and incidents

**The service had a good safety record.**

# Are services effective?

## 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)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight and body mass index and physical and mental wellbeing.
- Arrangements were in place to deal with repeat patients. The policy ensured that people were reviewed at appropriate time intervals, however we found that two out of the twelve records we looked at did not have a break in treatment in line with policy.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

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

- The service used information about care and treatment to make improvements. For example, the service reviewed a selection of client records to review prescribing and record keeping, however the number of patients audited was small compared to the number of patients in treatment.
- The service made improvements through the use of completed audits. However, when the quality assurance review was repeated, a different patient sample was used and therefore it was not a completed audit.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant medical professionals were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were

maintained. Staff were encouraged and given opportunities to develop. The manager had recently taken up a post with the obesity management association.

## 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. For example, where consent was given, staff communicated with the patients GP by letter.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health 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.
- There were clear and effective arrangements for following up on a treatment plan.

## 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 patients advice, so they could self-care. We saw that patients were given lifestyle advice and there was a variety of leaflets available for additional support on diet.
- Risk factors were identified and highlighted to patients. For example, the side effects of the prescribed medicine were explained, and patients were given an information leaflet.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

## Are services effective?

The service monitored the process for seeking consent appropriately.

# Are services caring?

## Kindness, respect and compassion

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

- The service had a patient feedback audit, but this had not been completed recently.
- 50 feedback forms were completed as part of the inspection process and all comments from patients were positive about the way staff treat people. Patients said that they were confident in the treatment they received, and they were treated with respect and courtesy. The service was clean, and that staff were friendly and the doctor professional.
- 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.
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## Involvement in decisions about care and treatment

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

- The provider was aware of interpretation services for patients who did not have English as a first language. However, patients usually brought a friend or relative to act as interpreter. This had not been risk assessed.
- We received 50 comment cards and spoke to one patient. All were positive about the service. One patient told us that staff worked with you to motivate you and gave positive support.
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## Privacy and Dignity

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

- Staff recognised the importance of patient'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.

All consultations took place in a private room away from the reception and waiting area and could not be overheard.



# Are services responsive to people's needs?

## 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. For example, the clinic was open on alternate Saturday mornings.
- The facilities and premises were appropriate for the services delivered.

## 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 and treatment.

- The clinic provided an appointment and walk in service. However, most clients booked an appointment before attending. Patients said that there were a good choice of appointments and the booking system was easy to use.
- Waiting times, delays and cancellations were minimal and managed appropriately.

## 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 were able to describe how they would deal with complaints compassionately.
- The service had complaint policy and procedures in place. The service had had no recent complaints.

# Are services well-led?

## We rated well-led as Requires improvement because:

The audit process was not effective and did not identify the issues we found in clinical records. Patient feedback was not collected in line with policy and some risk assessments needed updating.

### Leadership capacity and capability;

#### Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were not fully aware about issues and priorities relating to the quality and future of services. Though they understood the challenges and have provided us with evidence that they have addressed the issues since our visit.
- 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 was developing processes for effective leadership capacity and skills, including planning for the future leadership of the service.
- The manager said that meetings were held with staff, however these were not documented.
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### 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.
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### 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.

- The manager spoke about openness, honesty and transparency when responding to incidents and complaints although the service had no complaints recently to demonstrate this.
- 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. Staff had identified processes that could be improved during our visit and these have been reviewed and changes made.
- 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service was aware of equality and diversity. Staff felt they were treated equally.
- There were positive relationships between non-clinical staff and the doctors that worked in the service.
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### Governance arrangements

#### There were not always 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 and understood but not always clearly documented. For example the policies in place were not version controlled and it was not clear if they had been reviewed or whether they were new. It was also not clear if staff had read the policies.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, however some risk assessments needed updating. For example the decision not to keep emergency medicines had not been formally risk assessed.
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### Managing risks, issues and performance

# Are services well-led?

## **There were clear and effective processes for managing risks, issues and performance, however these had not always identified the issues.**

- The process to identify, understand, monitor and address current and future risks including risks to patient safety needed to be updated.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through quarterly audit of their consultations, prescribing and referral decisions, however the audit sample was small compared with the number of patients treated and there was no review of weight loss. Some patients had not been monitored in line with policy, but this had not been picked up by the audit system in place. For example our audit of twelve patients identified two patients where blood pressure monitoring and three patients where treatment breaks were not in line with policy
- Leaders had oversight of safety alerts, incidents, and complaints.

## **Appropriate and accurate information**

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

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information though these conversations were not documented.
- The information used to monitor performance and the delivery of quality care needed to be improved. Following our visit, the provider sent us information to show that plans are in place to address any identified weaknesses.

- 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 had a system in place to audit patient feedback annually however no feedback forms had been completed in the last two years. All 50 comment cards provided as part of the inspection process were completed and all comments were positive. Staff said that patients would give informal feedback when they attended for appointments, but this was not documented.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service had a process to review incidents and complaints. Learning could be shared to make improvements.

Staff were encouraged to come up with new ideas.