

Simplyweight Ltd

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

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|--|------|---|
| Overall rating for this location | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Simplyweight Ltd as part of our inspection programme to rate the service. Simplyweight Ltd provides weight loss services for adults including the provision of medicines for the purposes of weight loss under the supervision of a doctor both in person and online.

The clinic doctor is also 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.

On the day of inspection we were unable to speak directly to patients in order to gather their views of the service. However, we were shown feedback collected by the service. All were positive about the care and treatment received.

Our key findings were:

- The service shared information with other health professionals with appropriate consent from the patient.
- The clinic was clean and tidy and appropriate for the service provided.
- Patients felt supported by the service
- The service had a clear vision and strategy and engaged well with staff.

We saw the following outstanding practice:

- The initial patient assessment included a full medical and socio-economic history to support the setting of clear goals and plans for weight loss. The patient and their GP (General Practitioner) received a comprehensive summary letter after each consultation including information on the weight loss plan, progress made and general health. Patients and their GPs were partners in the treatment plan. This had led to the doctor supporting local NHS GP practices with training and education on the treatment of obesity to enable them to support their patients.

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.

Background to Simplyweight Ltd

We carried out an inspection of Simplyweight Ltd on 30 June 2021 and requested further information to be sent after the inspection.

Simplyweight Ltd is based in a communal building in Bradford. The service comprises of a reception, office area and a clinic room on the ground floor. Simplyweight Ltd services include clinic based and online medical weight management service.

The service is open Monday to Friday 10am to 5:30pm.

How we inspected this service

Prior to the inspection we reviewed information about the service, including information from the provider. We spoke to the doctor and one member of staff. We also reviewed a range of documents.

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?

We rated safe as Good

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. A Legionella risk assessment had been undertaken by the property owner and appropriate monitoring was in place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, we heard from the provider how they planned service developments, and had carried out necessary risk and feasibility assessments to support this work.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example appropriate arrangements were in place to share information with the patients GP after each consultation. This included any treatments provided and information on the progress of the patient. Where patients met the criteria for supply on the NHS the patient was referred back to the GP.
- Clinicians worked closely with external providers used by the service such as endocrinology, dieticians and counselling.
- 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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service had opened fully in July 2019 and as such patient levels were low due to COVID-19. The opportunity therefore to undertake detailed clinical audits had been limited. We saw though that there had been a notes review audit and Saxenda[®] safety audit and that a forward plan of audits had been developed for 2021/2022 to include Saxenda[®] and non medication weight management effectiveness audit.
- 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 were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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. Staff understood their duty to raise concerns and report incidents and near misses. There had been no incidents at this location since registration.
- There were adequate systems in place for reviewing and investigating when things went wrong. The provider 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 a system in place to receive and act on safety alerts.

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)

- Patients' immediate and ongoing needs were fully assessed. This included a full history of their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make a person-centred plan to manage weight loss.
- We saw no evidence of discrimination when making care and treatment decisions.
- When required the provider was able to use the services of other organisations and professionals to deliver specific aspects of care such as blood tests, counselling and dietary advice.

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 order to ensure safety of communications and also communications during remote working the service had installed a VPN (Virtual Private Network) on all computers and laptops. This serves to improve security, protect file sharing, confidentiality and improve performance.
- At the time of inspection the service had operated for just over a year and was still developing its patient base, in addition over this period the demand for some services had been impacted upon by the COVID-19 pandemic. As a result the opportunity for clinical and non-clinical audit had been limited. They had though undertaken some audit work in relation to record keeping, Saxenda[®] safety, and patient satisfaction. These were single cycle audits which showed overall compliance and/or patient satisfaction.
- We were also told about a forward audit plan for 2021 which showed additional scheduled audits.

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 professionals were registered with the General Medical Council (GMC) 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.

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. The patient's GP was contacted at the start of treatment and was updated on a regular basis.

Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant blood test results, blood pressure readings and a comprehensive 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. This included referring them back to their GP if they qualified for treatment on the NHS.
- Patients were only accepted into treatment with medicines if they consented to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. For example, the service signposted patients to selected evidence based materials to support diet and lifestyle choices via the Simplyweight App.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

- The service sought feedback on the quality of clinical care patients received after each consultation.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The patient questionnaire was designed in a conversational format and offered advice between questions, and explanations of why information was needed so that patients felt empowered.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- We saw patient online feedback that showed people 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.
- One patient, after leaving the clinic, had some further concerns. The feedback showed that they had been able to discuss concerns after their formal consultation.
- We saw that for patients with learning disabilities or complex social needs, that family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. The provider had also made arrangements for access to on-line information for people who may have hearing difficulties.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All consultations took place in clinic rooms and could not be overheard.

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 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 patients had access to a wide range of services and professions to support their weight loss programme. This included Cognitive Behavioural Therapy (CBT), psychology and dietary advice.
- Some areas of the online support platform had been developed to meet specific needs. For example, for those who may have hearing difficulties, the wellbeing breathing exercise involves visual cues so that these patients don't miss out on the benefits of short meditation sessions.
- Patients were able to choose the length of appointments and consultations.
- Patients had the choice of how consultations were undertaken, and could access these either in person, via the telephone or online. Monitoring of physical measurements was assured through third party providers. For remote access appointments the service undertook necessary identification checks.
- 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 at a convenient time.
- All patients were encouraged to communicate regularly with the service via email whilst face to face consultations are limited.
- Where patients failed to attend appointments they were followed up with a support call.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

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 told us they would treat patients who made complaints compassionately.
- The service said they would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.
- We were told there had been no complaints since registration.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. For example it was working with three local NHS GP practices to help in training and educating the doctors and nurses in the practice so that they can continue to support their patients with weight loss in the future.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. For example the online website has been developed to emphasize flexibility of approach, wellness before weight loss, compassion and non-judgement, privacy and encouraging engagement.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. These performance monitoring processes were being enhanced with the wider roll out of clinical and non-clinical audit across the organisation as services became established. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from, patients, staff and external partners and acted on them to shape services and culture. For example, patients were asked to give their views on the care and treatment they had received after each interaction with the service.
- Staff could describe to us the systems in place to give feedback. We saw evidence of staff meetings when key developments and issues were discussed.
- The service was transparent, collaborative and open with stakeholders.

Continuous improvement and innovation

Are services well-led?

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- There was a system in place to use external and internal reviews of incidents and complaints. This included how learning would be shared to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. Online platforms had been developed to enhance the support provided by the service to patients during COVID-19. Systems were also enhanced to support homeworking for staff.