

Allure Weight Loss

Inspection report

Gawsworth Business Court
Shellow Lane
Congleton
CW12 2NX
Tel: 07856507746

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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 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 Allure Weight Loss on 25 April 2022 as part of our inspection programme.

The service provides non-surgical balloon treatments for weight management to private (fee-paying) patients.

The company director 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.

Our key findings were:

- The service had systems and processes in place to manage risk and keep patients safe.
- The service demonstrated they provided an effective service and had systems in place to closely monitor activity and performance.
- Patient feedback about the service was positive.
- The service was responsive to the needs of its patients and was able to offer treatment at various sites across the country.
- The service had expanded since 2020 and the leadership team demonstrated they were able to effectively manage the service.

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

- Have 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.
- Have a system in place to document the premises and equipment checks had been completed.
- Add the addresses of where the service is delivered to their CQC statement of purpose.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Allure Weight Loss

The registered provider of the service is Allure Weight Loss Limited. The address that is registered with CQC is The Hayloft, Gawsorth Business Court, Shellow Lane, Congleton, CW12 2NX. More information about the service can be found on their website <https://allureweightloss.com>.

The service is registered with CQC to provide the regulated activity: Treatment of disease, disorder or injury.

Allure weight loss is an independent provider of a non-surgical medically supervised gastric balloon programme for weight loss management in private (fee-paying) adults aged 18 years and older. This included three types of gastric balloons.

Patients self-refer to the service by completing an online form on the service's website or by telephone. Patients are not seen at the registered location. The provider has service level agreements in place with private and NHS facilities nationally where patients can receive treatment.

Non-surgical balloon weight loss options are designed for patients where a surgical procedure is unsuitable or not the preferred method of treatment. Patients are screened for suitability for the procedure.

Consultations for medical treatment of weight management are done using video call. Following the assessment and confirmation of suitability for the procedure licensed medicines are prescribed. The provider has an agreement with a private pharmacy to dispense and post medicines out to the patients.

The service employs one patient experience coordinator who provides information to patients. The provider has contracts for consultants who work under practising privileges (permission granted through legislation to work in an independent hospital clinic) to perform the insertion of the balloon. The provider has a service level agreement with bariatric nurses and dietitians to support the patient post procedure. A psychological counsellor is available for an additional fee.

The balloon placement is available from nine locations across the country (Manchester, Liverpool, Leeds, Derby, Tamworth, Birmingham, Newport, Harley Street and South London). These locations were not part of our inspection.

Appointments with consultants vary and depend on the consultants availability.

How we inspected this service

We carried out this inspection by reviewing information the provider sent us, information we held on the service and information that was available to the general public.

During the inspection we spoke with the management team. We reviewed documents and patient records.

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 because:

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 and refresher training. The service did not treat children and had systems to safeguard vulnerable adults from abuse.
- 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). The service policy stated what documents and checks were required for staff working under practicing privileges or service level agreements.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider had service level agreements in place for facilities, equipment and waste management.
- A senior member of the management team visited each site at least once a year to carry out visual checks on equipment and facilities to ensure that the site continued to meet the service's needs and the sites were reviewed yearly during a contract review. However, we found these checks had not been documented formally.

Risks to patients

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

- There were arrangements for planning and monitoring the procedure booking for patients to have the number and mix of staff needed.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

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 recorded electronically 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.
- The service had systems for sharing information with clinicians to enable them to deliver safe care and treatment.
- The service did not have 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. We raised this with the provider during our inspection for review.

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 minimised risks.

Are services safe?

- The balloons used are medical devices which are licensed by Medicines and Healthcare products Regulatory Agency (MRHA). The National Institute for Health and Care Excellence (NICE) published recommendations for swallowable gastric balloon capsule for weight loss which the provider was following.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- When using the medical weight loss service patients had to provide weight, height, body mass index (BMI), proof of identification and registered GP details.
- The provider had an arrangement with a private pharmacy to supply medicines and a strict process for consultants to authorise prescriptions including photographic identification.
- There were effective protocols for verifying the identity of patients and the delivery of medicines from the private pharmacy to the patient. This included patient photographic identification and proof of address.

Track record on safety and incidents

The service had a good safety record.

- The provider told us there had not been many incidents since the service started in 2020 as systems and processes were developed to safeguard patients and improve the patient journey.
- The service monitored and reviewed activity for each patient via a nutrition app. This helped to understand and gave a clear, accurate and current progress for each patient.

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. The registered manager understood their duty to raise concerns and report incidents and near misses. The service informed us there had not been any significant events in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, feedback from patients identified that information about the requirements for maintaining liquids was not clear. The information was included in the patient information pack but had not been read. The provider amended the consultation form to check the patient had read and understood the information provided in the pack.
- 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 including sessional and agency staff.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information and support to determine suitability for the balloon treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service used a nutrition app to support and review patient progress following the balloon insertion and an electronic patient recording system to document patient consultations.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Each patient was given access to an electronic app and smart weighing scales to record their weight and food intake. This information was monitored and reviewed weekly by a dietitian and discussed with the patient during review sessions.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, medicine prescriptions had been reviewed as most patients had required more amounts of acid suppression medicines than prescribed. The initial prescription had been increased and was under review at the time of the inspection.

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 (medical, nursing and dietitians) were registered with the General Medical Council (GMC), Nursing and Midwifery Council or The Health and Care Professionals 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.

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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the three types of gastric balloons offered to patients.
- The service monitored the process for seeking consent appropriately.

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.
- The service provided an information pack to patients. The information included how to use the medicines, possible side effects and how to manage them.
- Patients were contacted by the patient care co-ordinator and nurse following the procedure for support and review.
- Risk factors were identified, highlighted to patients and where appropriate shared with their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to them onwards. .
- The service understood that for patients to maintain weight loss they would need to make lifestyle changes which were discussed during the initial consultations.

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.
- Patients were required to sign up to the terms and conditions of the service before a prescription was issued and before the balloon fitting appointment was booked.
- The service operated a two stage consent process (the initial consultation and confirmation again before the procedure).

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated them.
- 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.

Involvement in decisions about care and treatment

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

- Patients were provided with comprehensive information about the procedure including preparation, risks and post placement instructions.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patient records were held securely, and access was on an authorised need to know basis.

Are services responsive to people's needs?

We rated responsive as Good because:

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 provider provided additional dietitian support following patient feedback.
- The provider offered the weight loss balloon placement to patients who met the criteria in line with guidelines.
- Staff listened to patient's individual needs and arranged a consultation with a suitable consultant for the procedure requested.
- The facilities and premises for the services delivered were used under a service level agreement and checked for suitability by the registered manager.
- Fees and payment details were clearly stated on the service website.

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, clinician consultation, medicine prescription, procedure and follow up.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider had agreements in place with nine locations nationally to carry out the balloon procedure (Manchester, Liverpool, Leeds, Derby, Tamworth, Birmingham, Newport, Harley Street and South London). Nine consultants worked under practicing privileges. This meant patients could choose their consultant and location for the balloon placement.
- Advice and support was available from a bariatric nurse 24 hours a day.

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 the support available post procedure was given to patients as part of the terms and conditions.
- The service had a complaint policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, additional dietitian sessions were provided to support patients when required.
- We saw the service had received one formal complaint in the last 12 months. This had been investigated and resolved in a timely manner.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

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 the service. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff 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 to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service strategy and supporting business plan was in development since the service began in 2020 and was expanding across the country.
- Staff were aware of and understood the vision values and their role in achieving them.

Culture

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

- The service focused on the needs of patients within a set criterion for the balloon procedure.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, we reviewed a complaint investigation which addressed all the concerns raised by the complainant in detail. 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 needed. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of staff.
- The service actively promoted equality and diversity.

Governance arrangements

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 the service level agreements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

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. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place to ensure business continuity.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- 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 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 encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and the culture.
- The service was transparent and open about performance and clinical data provided on their website and the information packs provided to patients.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- There were systems to support improvement. The provider was focused on ensuring patients had the best experience and outcome for success. For example, the provider supported the patient pathway and progress using an interactive mobile phone app.