

Weight to Go Limited

Inspection report

11-12 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3EB
Tel: 01216934488
www.healthierweight.co.uk
www.slimwithouturgery.co.uk

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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. This service has not been inspected before.

The key questions are rated as:

Are services safe? – Requires improvement

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 Weight To Go Limited on 10 January 2020 as part of our inspection programme.

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

The Head of Clinical Services 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 received feedback from 13 people using the service through completed CQC comment cards. Feedback was positive about the service and included that staff were supportive and caring.

Our key findings were:

- The service had put in place systems and processes to manage risk and keep patients safe, however not all

systems or processes were effective or embedded. The provider sent us evidence following the inspection to show they had taken immediate action and responded appropriately to our concerns.

- The service could demonstrate they were providing an effective service and had systems in place to closely monitor activity and performance.
- Patient feedback about the service was positive, with people recommending the service to their friends.
- The service was responsive to the needs of its patients and was able to offer a choice of weight loss solutions at various locations across the country.
- The service had expanded since 2015 and the provider had kept up to date with technology to enable it to continue to provide a quality service. The management team were experienced and knowledgeable, and demonstrated they were able to effectively manage the service.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

(Please see the specific details on action required at the end of this report).

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

- The provider should improve their incident reporting systems and processes, so that risks are accurately recorded and monitored.

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 lead inspector. The team included a member of the CQC medicines team.

Background to Weight to Go Limited

The registered provider of the service is Weight To Go Limited. The address that is registered with CQC is 11-12 Highfield Road, Edgbaston, Birmingham, West Midlands, B15 3EB. More information about the service can be found on their websites www.healthierweight.co.uk (for surgical weight loss treatments) and www.slimwithouturgery.co.uk (for medical weight loss).

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

Weight To Go Limited is an independent provider of surgical and non-surgical medically supervised programmes for weight management in private (fee-paying) adults 18 years and older.

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

Surgical treatments are available to patients who have already tried non-surgical weight loss options and include laparoscopic gastric banding, gastric sleeve, gastric bypass (Mini and Roux en Y) and Endoscopic Sleeve Gastroplasty (ESG). Non-surgical options are designed for patients where a surgical procedure is unsuitable or not the preferred method of treatment and include the intragastric balloon and a medical weight loss programme.

Consultations for medical treatment of weight management are done using the telephone. The service prescribes licensed medicines for weight loss following an assessment which includes baseline screening, including blood tests and a telephone consultation with a doctor. The provider has an agreement with a pharmacy to dispense and post medicines out to patients.

The service employs bariatric specialist nurses who provide follow up care and advice to both surgical and non-surgical patients. Patients are offered face to face

and telephone reviews. Face to face appointments are provided nationally from private hospitals or consulting rooms that the provider has service level agreements in place with.

The service has a management board made up of a Non-Executive Chairman, Non-Executive Director, Managing Director, and Medical Director.

The service employs a head of clinical services, 14 bariatric specialist nurses and a team of non-clinical staff. In addition to this, 21 consultants work for the provider under practising privileges (permission granted through legislation to work in an independent hospital clinic). The provider carries out necessary checks to ensure the consultants have the necessary training and qualifications, however do not have overall responsibility for the consultants. The service have service level agreements in place with a dietitian and psychologist and refer patients when these services are needed.

The service has a team of non-clinical staff (patient care team) that are based at the registered location. They are available to take telephone calls Monday to Friday between 8am and 7pm and 10am to 4pm on Saturday and Sunday. The service has an emergency telephone line and patients have access to advice and support from a bariatric nurse from 7am to 10pm Monday to Sunday.

Telephone and face to face appointments with a nurse are available between 8.30am and 9pm Monday to Friday and on Saturdays between 8am and 4pm.

Appointments with consultants vary and depend on the consultant's availability, however appointments are available evenings and weekends.

How we inspected this service

Before the inspection we reviewed information the provider sent us, any information we held on the service and any information that was available to the general public.

During the inspection we spoke with nursing staff, non-clinical staff, members of the board and the senior leadership team. We reviewed feedback from people using the service, made observations and 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 Requires improvement because:

We identified safety concerns during the inspection. The likelihood of these happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. (see full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

We found gaps in the service's safety systems.

- The provider had produced a range of safety policies, that were in date and were accessible to staff. Policies 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 lead for safeguarding was trained in safeguarding adults and children. From evidence provided we saw that all nursing staff were trained to level 2 for safeguarding adults and two of the 14 employed nurses were suitably trained in safeguarding children. Following the inspection, the provider told us they had made arrangements for all nurses to receive level 3 safeguarding children's training.
- The provider had produced a safeguarding policy for adults and although reviewed in September 2019 it had not been updated to reflect the Intercollegiate guidance which was published in August 2018 where it says all staff working in health care settings; for example, receptionists and administrative staff should be trained to level 1 Safeguarding adults.
- The provider's safeguarding policy specified that only staff having face to face contact should have safeguard training and the policy did not specify the level of training.
- All staff including non-clinical staff we spoke with aware of types of abuse and what to do if they had concerns. Non-clinical staff told us they could notify consultants if they had concerns about a patient, so the consultant could explore the concerns further.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate.
- The service carried out Disclosure and Barring Service (DBS) checks for staff who had face to face contact with patients in line with their policy. (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 provider did not complete a risk assessment for non-patient facing staff in the absence of a DBS check to determine risk.
- The clinical services manager was the lead for infection prevention and control and we saw from training records that nurses had received appropriate infection control training.
- We saw that the provider had arrangements in place with the sites from which nursing staff carried out face to face follow up reviews to ensure that all areas provided to Weight To Go were cleaned and maintained. This included ensuring any facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- We found the arrangements for the management of healthcare waste were not clear. The agreement we viewed for one of the sites from which nurses carried out face to face reviews did not specify the management of healthcare waste. We also found the provider's policy on healthcare waste did not provide sufficient information to staff on their roles and responsibilities in the management of healthcare waste.
- The policy for the management of sharps stated that sharps containers must be labelled. Nursing staff confirmed that they used sharps containers labelled Healthier weight. However, it was not clear who set the containers up, and who removed them from the room when they required disposal. The management team told us if sharps containers were not already labelled by the site then nursing staff would do it.
- The management team told us nursing staff were expected to check the cleanliness of the clinic room and that weighing scales had been calibrated before the start of each clinic. The provider was not able to provide any evidence of these checks. The provider informed us, following the inspection, they had amended their processes and would be asking nurses to provide evidence of these checks for each clinic every month.
- A senior member of the management team visited each site at least once a year to carry out visual checks on equipment and of the facilities to ensure the site continued to meet the service's needs. These visits were not formally recorded at the time of the inspection and the provider was not able to demonstrate if all risks had

Are services safe?

been identified and effectively managed. The provider told us, after the inspection, they had reviewed their processes and with immediate effect would be recording all visits on their shared management system.

- The service carried out basic environmental risk assessments such as fire and health and safety before deciding to use a site to ensure it was safe to deliver services from. However, the provider was not able to provide evidence that all sites had effective legionella management plans in place. (Legionella is a bacterium that grows in water systems).

Risks to patients

There were systems to assess, monitor and manage most 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 staff tailored to their role.
- Non-clinical staff had to complete competencies relevant to their role.
- Face to face appointments with nursing staff were for follow up care only. Staff told us if there was a medical emergency, they would dial 999.
- We saw records that showed all nurses had received up to date basic life support training.
- There were arrangements for informing nurses about local fire safety procedures in case of a fire.
- There were appropriate indemnity arrangements in place
- Equipment used for band adjustments was single use. All sites had their own stock. It was the responsibility of the nurses running the clinics at those sites to ensure stock was ordered and in date.
- The provider had risk assessed the treatments they offered and only prescribed medicines which were licensed for use in weight loss. The records we saw showed that they only prescribed for patients who met the licensed criteria for treatment.
- The way in which the patient record templates were set up was such that staff could not progress the record until all the fields were completed. If the patient had a low body mass index (BMI) and did not meet the threshold for treatment, the record template did not allow staff to continue.

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Consultants working remotely were sent a secure link to the relevant patient record for each consultation and did not have access to other records.
- Non-clinical staff only had access to the parts of the patient record that was relevant for their role.
- 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 minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe controlled drugs (medicines that have additional controls due to their risk of misuse and dependence).
- When using the medical weight loss service patients had to provide proof of weight, height and body mass index (BMI) before commencing treatment and the service wrote to the patient's GP in every case. This allowed the GP to contact the service if there were any concerns about the patient using the service. However, it was not the service's policy to request identification to confirm identity.
- The provider had an arrangement with a pharmacy to supply medicines and the consultants had direct access to the pharmacy system to authorise prescriptions.

Track record on safety and incidents

The service did not have an accurate record of incidents.

Are services safe?

- The provider told us the number of complaints and incidents had reduced in the past few years following improvements to systems and processes.
 - The provider had a system for recording and acting on significant events and incidents. Staff we spoke with understood their duty to raise concerns and the types of issues they should be reporting.
 - However, during the inspection, we found examples where, although incidents had been discussed during team meetings, staff had not reported them in line with the provider's policy. This meant the service did not have an accurate record of incidents.
 - We found that, although not all incidents were being formally recorded as incidents, they were being discussed during team meetings and learning points were being shared with staff and we saw evidence of service improvements.
 - The provider was aware of 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 had an effective system in place to manage safety alerts. The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, following a safety notice in July 2019 they had made changes to the information given to patients using a particular intragastric balloon system.
- Lessons learned and improvements made**
- The service learned and made improvements when things went wrong.**

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. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Baseline information was recorded by a patient care co-ordinator, who arranged for patients to have a telephone consultation with the consultant if they were using the medical weight loss service or a face to face consultation with a consultant if using the surgical service.
- For patients accessing surgical treatments, the baseline assessment included a detailed history of what weight loss methods the person had previously tried, family history and patients were asked about any history of eating disorders. Patients were provided with information about the treatment options, the services and facilities available, they were informed about patient guides, fees and fee structures.
- The provider had service level agreements with private hospitals to carry out the surgery. Consultants provided the services under practising privileges. Patients who were eligible were listed for surgery at one of the hospitals with which the service had an agreement. We found that the service provided enough information and appropriately referred patients onto consultants.
- There was a final assessment with a nurse before medicines were issued or before a patient attended for surgery.
- Following initial consultation, the consultant provided the patient with treatment options, explaining relevant treatments and any potential risks and complications. Based on the information provided, the consultant established expectations in terms of weight loss and the behaviours needed for success. An initial target weight was recorded and this was monitored during post treatment follow up appointments.
- We saw no evidence of discrimination when offering or providing the service.
- Arrangements were in place to respond to those patients who used the service frequently. For patients accessing medical weight loss services the consultant authorised a prescription for an initial course of treatment. Patients who wanted to continue had a further consultation with the consultant to discuss weight loss results and assess suitability for further treatment.
- For patients accessing surgical weight loss services, the service formally followed patients up for two years after surgery. Staff told us, after the two years, patients could still contact the service for support and advice.
- Patients had access to a telephone advice line that was answered by a bariatric nurse between 7am and 10pm Monday to Sunday.
- If there were any post-operative complications, nursing staff could contact the patient's consultant for advice or referred the patient to NHS 111 or advised the patient to attend A&E if appropriate.
- Patients were contacted at set intervals by a nurse or patient care co-ordinator to check they were following the post treatment instructions with regards to prescribed dose increases or diet and exercise and that any side effects were manageable.
- From their electronic record system, the service was able to run weekly reports to monitor weight loss and clinic frequency. There was also a system to check for patients that may have been losing weight too quickly, or those attending clinic too often. This was monitored by one of the nurses.
- The service had service level agreements in place with a dietitian and psychologist and had produced referral criteria for making referrals to these services.
- Patients views about the service were collected through a continuous programme of patient surveys and feedback was reviewed at weekly meetings. The patient support manager was responsible for coordinating and organising patient feedback and analysis.
- The service had received 148 responses to their survey between the August 2019 and mid-January 2020.
- From data we viewed we saw that feedback about the service was generally positive and 145 out of 148 people who completed the survey would recommend Healthier Weight to a friend.
- Of those patients that had responded to the survey, 141 of 148 responded that the pre-operative diet was explained to them with information on what they should follow and for how long.

Are services effective?

- The survey asked patients where their surgery was carried out, so the service could link responses back to a particular hospital/consultant.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service reviewed the reasons that patients stopped using the medicine prescribed for weight loss and found that 5% of unplanned stoppages were due to nausea. During the follow up calls staff ensured that they provided advice to patients on how to manage side effects.
- The service made improvements through the use of completed audits. The service completed audits of consultant's procedures, complication rates, revisional surgeries, and returns to theatre within 30 days of surgery. This was reported upon within their clinical governance meetings. We were told of an example where the provider had used the data to support a consultant to make changes to improve their practice.
- The service carried out an audit of the medium and long term results of gastric banding which was published as an open peer reviewed research article in April 2018. They told us they planned to re-audit when enough new data was available.
- The service carried out various audits to ensure pre-surgery information was sent within time scales and that discharge letters were sent within the timescale to the patient and GP.
- Through patient feedback we saw there had been some comments about not receiving a three-week post-operative call. The head of clinical services told us the service reviewed activity to monitor the number of patients that had surgery that month, and whether they had all received appropriate follow up care. If the head of clinical services found that patients had not been followed up in line with their protocol, they took appropriate action to ensure that these patients were reviewed.
- The head of clinical services audited nursing records six monthly to monitor the quality of care provided.

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 and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council respectively and were up to date with revalidation
- The consultants providing the treatment were not employed by the service, however they had a memorandum of understanding to work for the service under practising privileges. The service monitored to ensure their registration information was up to date.
- 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.
- Clinical and non-clinical staff had received training that was specific to their roles and could demonstrate how they stayed up to date.

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.
- Consultants at the service ensured they had adequate knowledge of the patient's health and their medicines history. Before prescribing weight loss medicines, the service asked patients to undertake a blood test at a local clinic and to provide evidence of their current body mass index. We saw that medicines were not prescribed until this information was available and had been assessed, to ensure safe care and treatment. 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.
- Treatment was only provided to patients who consented to details of their consultation and any medicines prescribed being shared with their registered GP. The service wrote to the GP before any medicines were prescribed, including details of the intended prescription, the blood test results and notes from the consultation. The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP,

Are services effective?

or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. After surgery, the service wrote back to the patient's GP including a summary of the treatment the patient had received.

- Patients had access to advice from a bariatric dietician or psychologist if needed. The service had processes in place to monitor that referrals had been made, and responses had been received from the relevant professional.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- All patients accessing surgical treatment were discussed in a weekly multidisciplinary team meeting, this allowed the service to discuss any patient with comorbidities for example diabetes on insulin treatment or if the patient had a BMI of 50 or over were highlighted by the nurse, so that any pre-operative actions could be arranged. For example, if any additional blood tests were needed or if the patient needed a specific pre-operative diet or if a referral to the dietitian or psychologist was needed.

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 a handbook to patients who were prescribed medicines for weight loss. The information included how to store and use the medicines, possible side effects and how to manage them, sample menus and suggestions for increasing physical activity.
- Patients had access to written information and online modules and videos to support longer term lifestyle changes and were contacted regularly by their patient care co-ordinator and or nurse.

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- The service had discussed the link between smoking and increased pre and post-operative complications and encouraged people to stop smoking. Their policy was that patients should stop smoking. Those who were unable to stop were advised to stop before and in the months after their surgery. Their pre-operative nursing check included a question about smoking and the need to stop was included in their terms and conditions.
- The service understood that people would need to make life time changes in order to maintain weight loss. The service provided people undergoing surgery with comprehensive written information. People choosing to have a gastric band, were provided with a sand timer, along with instructions on how to use it at meal times, to slow down their eating and learn to recognise when they had eaten enough.

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.
- Patients were required to sign up to the terms and conditions of the service before a prescription was issued or before they were booked in for surgery.
- The service monitored the process for seeking consent appropriately. They were able to check if the patient had read the information that was sent to them including the terms and conditions, and how many times the patient had accessed the information. The service was able to send patients reminders about reading the terms and conditions.

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.
- The provider gave us data that showed between August 2019 and January 2020, 148 people completed their patient satisfaction survey. Results relating to questions about how caring the service was were positive and included that people felt that they had enough time to prepare for the procedure.
- 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.
- We received 13 completed CQC comments cards from people using the service. Feedback was positive about staff and included that staff were friendly, caring and supportive.
- Non-clinical staff told us they had received training from an external company on how to handle calls professionally and how to deal with complaints. They told us their calls were monitored to ensure they were providing high levels of customer service and would receive feedback from their manager if improvements were needed.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information

leaflets were available in easy read formats, to help patients be involved in decisions about their care. Staff asked patients how they wanted to be communicated with during their initial assessment call.

- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to ask questions.
- The service provided verbal and written information to patients before surgery that would allow them to make an informed decisions. For example, patients having surgery were provided with a comprehensive information pack that discussed pre and post-operative changes they would need to make to their diet and general lifestyle, they were provided with links to videos online that described the procedures.
- Patients also had to read through the terms and conditions and sign to say they had understood them before surgery. The terms and conditions included information on post-operative complications, the cancellation process and the warranty that was available.
- Patients had a 10-day cooling off period between booking the surgery and the procedure date in case patients changed their mind about the surgery.
- The service's patient survey feedback showed that most people using the service felt the post-operative diet had been explained to them in enough detail and they were happy with the wound care and advice and when they had needed advice or support, they felt their needs were met.

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 service sourced alternative needles for patients who could not use the ones supplied with the medicines due to an allergy.
- The provider offered medical and surgical weight loss solutions to those people who met the criteria in line with guidelines.
- Patients were referred to a dietitian and or psychologist as needed.
- The provider visited the clinical sites from where services were delivered at least once a year to ensure facilities and premises were appropriate for the services delivered.
- If patients had complex and or additional needs these could be highlighted on the patient's electronic record.
- Staff discussed any patients with complex needs at the weekly multidisciplinary team meeting. This meant they could arrange any additional tests or assessments that may be required before their surgery was booked.
- The patient care coordinator would listen to the patient's individual needs and then arrange for the patient to have a consultation with a suitable consultant who worked from an appropriate hospital setting.
- As part of the patient survey the service asked for feedback on the facilities at the hospital. We saw that feedback was mostly positive.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider monitored data regarding waiting times daily and discussed actions that may be needed during weekly team meetings.

- Patients with urgent and complex needs had their care and treatment prioritised.
- Referrals to other services were undertaken in a timely way.
- The provider had agreements in place with hospitals nationally to carry out the surgical procedures, and 21 consultants worked under practicing privileges. This meant patients could choose their consultant and location of surgery provided the consultant carried out the surgery they needed, and the location met their needs.
- Advice and support was available from a bariatric nurse Monday to Sunday 7am to 10pm.

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.

- The service had a complaints policy and procedure in place.
- Information about the support available post-surgery was sent to patients as part of the terms and conditions.
- The provider had two websites, one for surgical weight loss and one for medical weight loss. We found there was information about the complaints process on the website for surgical weight loss treatments, www.healthierweight.co.uk, but not on the website for medical weight loss, www.slimwithouturgery.co.uk. The website did have a 'get in touch' form and the provider told us patients were sent the complaints policy if they contacted the service to complain.
- We saw the service had received complaints for both the surgical and medical weight loss services. The provider gave us data that showed the number of complaints between May and October 2019 had reduced when compared with November 2018 to April 2019.
- From complaints we reviewed staff treated patients who made complaints compassionately and 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.
- The service learned lessons from individual concerns and complaints and told us they had not identified any trends in complaints.
- The provider had acted to improve the quality of care. For example, they had arranged for training for

Are services responsive to people's needs?

non-clinical staff on call handling techniques and the service had implemented a four-week post treatment

call for all patients having a gastric band before offering a face to face appointment. Previously staff were giving patients the option of calling the service back for support.

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 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.
- The service had a management board made up of a Non-Executive chairman, Non-Executive director, Managing Director (CEO), and Medical Director.
- The service had been operating since 2003. Leaders told us they had seen an increase in demand since 2015 and to support the expansion in business they had invested in technology systems and staff to enable them to continue to offer a high-quality service.
- During the inspection, we identified gaps in the provider's safety and governance systems, the provider responded immediately to address these concerns.

Vision and strategy

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

- The service's vision was to develop and deliver lifelong weight loss solutions to help people manage their weight and improve their health and quality of life.
- The service had a realistic strategy and supporting business plans to achieve priorities
- Staff we spoke with 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 during Bariatric Advisory Board (BAB) meetings, monthly board meetings and governance meetings.

Culture

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

- Staff felt respected, supported and valued. They told us they enjoyed working for the service and got satisfaction from helping patients achieve their goals.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to complaints. 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.
- 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. All staff were considered valued members of the team. Nursing staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider told us they had a high retention rate of staff and we saw that there were positive relationships between staff and teams.

Governance arrangements

There were appropriate structures to support governance and management, however we found there were gaps in some systems and some processes were not always followed.

- The service had appropriate governance structures in place and had a clinical governance committee that met quarterly and monthly board and managers meetings to discuss changes in quality and sustainability.
- The clinical governance meetings were chaired by the Medical Director and the minutes of these meetings were reported to the management board.
- The service also had a Bariatric Advisory Board (BAB) that met twice per year to review developments in the treatment of obesity with the purpose of ensuring that their services were up to date and followed good practice. We saw that there was good attendance from staff and the agenda included discussion of audits they

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could be involved in, new national guidelines such as those from the British Obesity and Metabolic Surgery Society (BOMSS) were discussed and the service reviewed their existing policies in line with new guidelines. The use of new procedures and medicines were discussed and either agreed or declined during the BAB meeting with a documented rationale.

- The management board met monthly. From meeting minutes we reviewed, we saw there was a comprehensive agenda which included discussion of complaints and new guidelines.
- We viewed minutes of nurses meetings. We saw there was a standard agenda including discussion of patient feedback, complaints, training on new products and processes, business update, and management of poor performance.
- We found although leaders had implemented policies, procedures and activities to ensure safety, they did not have effective systems to assure themselves that they were always operating as intended.
- The safeguarding policy had not been updated to reflect recent guidance. The provider told us, following the inspection they had arranged for all their nurses to receive safeguarding children's training.
- The provider did not have effective processes to assess and manage all risks at premises from where nursing staff reviewed patients. The provider told us following the inspection, they had reviewed their processes and would be implementing changes with immediate effect.
- The provider's policy for DBS checks was not adequate and did not recommend that a risk assessment is completed in the absence of a DBS check to determine risk.

Managing risks, issues and performance

There were clear and effective processes for managing performance. However, processes to manage some risks and incidents were less effective.

- 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. Nurses received clinical supervision as part of the nurse team meeting.

- Leaders had oversight of safety alerts, incidents, and complaints. However, we found not all incidents had been recorded using the incident reporting systems and consequently not reported to the senior management team.
- 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.
- Processes to identify, understand, monitor and address all current and future risks including risks to patient safety were less effective. The provider told us following the inspection, they had reviewed their systems to ensure that checks at sites from where nursing staff provided services were documented so that any risks could be monitored.

Appropriate and accurate information

The service acted on information to improve performance. However, the management board were not presented with an accurate picture of the number and types of incidents occurring within the service.

- We found that incidents were being discussed during staff meetings and appropriate actions had been taken to improve services. However, as they had not all been reported using the providers reporting system, the board were presented with an inaccurate picture of the number and types of incidents occurring.
- 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 mostly accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.

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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 culture.
- The service had a continuous program of patient feedback. From data we viewed, patient feedback was mostly positive about the service. When patient feedback was poor, the service implemented change to improve services.
- Staff could describe to us the systems in place to give feedback. The service held a variety of staff meetings where staff were kept informed of changes and had opportunities to provide feedback.
- The service was transparent and open about performance and published their data.

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.
- The service made use of complaints. Learning was shared and used 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.
- We saw evidence from BAB meeting notes, the provider met regularly to discuss new and innovative techniques or medicines. They discussed the benefits and risks before deciding on whether the technique or medicine should be used.
- The service had published their data in a journal called BMC obesity in 2018 on the medium and long term results of gastric banding.
- The service had taken part in clinical trials.
- One of their nurses was on the BOMSS board to help shape a recognised accreditation for bariatric practitioners (post graduate training program for nurses and other health care professionals).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p data-bbox="815 663 1385 730">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="815 757 1506 936">Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p data-bbox="815 958 1321 992">How the regulation was not being met:</p> <p data-bbox="815 1016 1517 1196">The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p data-bbox="815 1220 1490 1328">The service did not have effective processes in place to identify, mitigate and monitor risks from where clinical services were being delivered.</p> <p data-bbox="815 1352 1453 1420">The service did not have an effective process for the management of DBS checks.</p> <p data-bbox="815 1444 1490 1512">The service did not have effective arrangements for the management of healthcare waste.</p> <p data-bbox="815 1536 1445 1644">The service did not have an effective process for confirming the identity of people using the medical weight loss service.</p> <p data-bbox="815 1668 1506 1776">This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>