

New Leaf Healthcare Limited

New Leaf Health Care Limited – Leeds Clinic

Inspection report

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Date of inspection visit: 23 January 2017

Date of publication: 22/02/2018

Overall summary

Background

We carried out an announced comprehensive inspection of this service on 25 July 2017 where breaches of legal requirements were found. After the comprehensive inspection, the service wrote to us to say what they would do to meet legal requirements in relation to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Leaf Health Care - Leeds Clinic on our website at www.cqc.org.uk.

Our key findings were:

- We saw improvements in prescribing practices, including medical record keeping
- The prescribing policy had been updated and met the recommendations made in national guidance for treating obesity
- A series of audits had been introduced to monitor prescribing
- An appropriate procedure was in place to deal with medical emergencies

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

New Leaf Health Care Limited – Leeds Clinic

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of New Leaf Health Care - Leeds Clinic on 23 January 2018. This inspection was carried out to check that improvements to meet legal requirements planned by the service after our comprehensive inspection on 25 July 2017 had been made. We inspected the service against one of the five questions we ask about services: Is the service safe. This is because the service was not meeting some legal requirements.

The team was led by a CQC pharmacist specialist and included a second member of the CQC medicines team. Before visiting, we reviewed the action plan which had been submitted to us by the provider. The methods we used were interviewing the registered manager, and review of documents and medical records.

Are services safe?

Our findings

Medical emergencies

This is a service where the risk of needing to deal with a medical emergency is low, however at our last inspection we found no risk assessment had been carried out with regards to what may be needed in the event of a medical emergency. Following this inspection, the manager sent us evidence that both doctors working at the clinic had undertaken appropriate immediate life support training. In addition, a policy was in place setting out the roles and responsibilities of staff in the event of a medical emergency; this included a risk assessment for the provision of emergency medicines and equipment, which the clinic had decided not to keep.

Infection control

We observed the premises to be clean and tidy. At our previous inspection, the manager told us Legionella testing was not due until October 2017 because the sink had been recently installed (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During this inspection we saw that this had been carried out.

Safe and effective use of medicines

The doctors at this service prescribed Diethylpropion Hydrochloride and Phentermine. The approved indication for these products are “for use as an anorectic agent for short term use as an adjunct to the treatment of patients with moderate to severe obesity who have not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided.” For both products short-term efficacy has only been demonstrated with regard to weight reduction.

At our last inspection we found the clinic prescribing protocol was not in line with national guidance on the management of obesity. This had since been updated to reflect the recommendation that treatment could be prescribed if a patient had a Body Mass Index (BMI) of greater than or equal to 30Kg/m² or 28Kg/m² with co-morbid factors. The doctors working at the clinic had signed the new policy to say they agreed with these thresholds.

We previously found some patients had been prescribed appetite suppressants who had a BMI which was lower than that recommended in the guidance, or who had high blood pressure. In each case, the prescriber had not documented in the medical notes the reason(s) for these prescribing decisions. During this inspection, we reviewed 19 medical records to check what improvements had been made. We found all patients had been prescribed appetite suppressants in accordance with the clinic policy and national guidance. We saw examples of patients being refused treatment and referred to their usual GP when it was not safe to prescribe to them because of high blood pressure or interactions with their usual prescribed medicines. Decisions about treatment were clearly recorded in the medical notes.

The manager showed us audits of medical records which were carried out every three months to check for compliance with the clinic prescribing policy. When examples of prescribing were identified which were not in line with the policy, the manager discussed them with the prescribing doctor on a case-by-case basis. Since our last inspection, the manager had also introduced a monthly audit to ensure blood pressure was regularly checked and that it was within safe limits for prescribing appetite suppressants.