

Diet UK

Inspection report

78a
Fishergate
Preston
PR1 2UH
Tel: 01772881771
www.dietukclinics.com

Date of inspection visit: 19 May 2021
Date of publication: 27/09/2021

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?

Requires Improvement 

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? – Requires improvement

We carried out an announced comprehensive inspection at Diet UK as part of our inspection programme.

Diet UK provides weight loss services for adults, including the provision of medicines for the purposes of weight loss under the supervision of a doctor.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Diet UK provides a range of non-surgical cosmetic interventions, for example, dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic employs two doctors, one of whom 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.

19 people provided feedback about the service. All the feedback was positive.

Our key findings were:

- The doctors provided information and advice to support weight loss.
- The provider had robust systems for obtaining patient feedback.
- Patients felt supported and staff were helpful.
- The service had a clear vision and strategy and engaged well with staff.

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

- Review audit criteria and develop action plans to provide assurance that prescribing is in line with policy and best practice guidelines.
- Consistently record decision making where more than 30 days medication is supplied, or new supplies are made earlier than required.
- Review and update the medicines policy to ensure it reflects current guidance on prescribing and working with patients' GPs.

Overall summary

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a member of the CQC medicines team and included a second member of the CQC medicines team.

Background to Diet UK

Diet UK in Preston is a private weight loss service provided by Diet UK Ltd. It is located on a first floor premises in Preston town centre. Currently all consultations are being carried out remotely by telephone or video link. Patients are seen by a doctor and there is a charge for any medicines supplied. The service is available to adults aged 18 and over, and is open from Monday to Thursday between 10am and 4pm.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke with the Registered Manager and members of the management and administration team. We received feedback from patients electronically and 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.

- Staff employed at the headquarters had received training in safeguarding, whistleblowing and safety training appropriate to their role. They knew how to identify and report concerns. All staff had access to the safeguarding policies and where to report a safeguarding concern. The policy provided relevant local information to support staff when making a referral.
- Both doctors had received adult and level three child safeguarding training.
- The service did not treat children, and had appropriate protocols in place to verify patients identity and age prior to treatment.
- 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)

Risks to patients

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

- Patients were not treated on the premises but it was used as a base to carry out online consultations.
- The clinic had moved from face-to-face to online consultations. Staff were engaged throughout the process. The service assessed and monitored the impact of the changes on safety.
- The service had a COVID-19 standard operating procedure aimed at reducing infection risk for staff. It covered use of PPE, social distancing and checking for COVID symptoms. Non-clinical staff were also able to work from home.
- 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.

- On registering with the service, and at each contact patient identity was verified. Although consultations were virtual, paper consultation records were still used and were accessible to both doctors. Staff explained that the doctor would directly contact people who were unsuitable for treatment due to other conditions, such as anxiety. And, that patients with a BMI below the threshold for treatment were not registered with the service.
- 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. However two of three recent record cards we requested had been misfiled and could not be found on the visit day.
- Records of consultations included information on the treatment options discussed with patients but contrary to policy, the rationale for supplying more than 4 weeks treatment was not consistently recorded.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment but consent to contact the GP had been declined for all the records we viewed.
- 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

Are services safe?

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

- The systems and arrangements for managing medicines, including controlled drugs, minimised risks. The clinic had recently piloted the use of a medicine that required storage in a refrigerator. This medicine was not stocked during our visit. We were advised that a new fridge was on order, as the previous fridge had failed. The temperature records could not be found for the previous month, when a refrigerator was in use for storing medicines.
- The service prescribed Schedule 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They had appropriate storage arrangements and records.
- Some of the medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.
- Processes were in place for checking medicines. However, on the inspection day we found that the physical stock of two medicines did not tally with the recorded stock. The provider contacted us following the inspection advising that no discrepancies were found.
- 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. For example, the whole staff team was engaged in discussion around the pilot introduction of Liraglutide.

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 to report incidents and near misses. Staff felt that leaders and managers would support them when they did so. There had been no significant events at this location since the last inspection.
- There were adequate systems for reviewing and investigating when things went wrong. The service had an effective mechanism in place to share lessons learnt across the staff team. Staff told us that any concerns would be shared at staff meetings.
- 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.
- No unexpected or unintended safety incidents had been reported since the last inspection. Staff spoken with explained how they would approach any incidents and gave examples of the types of incidents they would deal with, for example, delayed postage and those that would be referred to clinicians. There were no examples of written apologies.
- The service had a mechanism in place to receive patient and medicine 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 and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight and body mass index and physical wellbeing.
- A target weight was not recorded in any of the records we reviewed. The doctor told us that weight loss goals were discussed with patients for example, in terms of inches and dress size.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. However, three out of the ten patient records we reviewed, showed patients regularly obtained a supply of medicines earlier than was due. The provider explained that this was due to concerns over possible postal service delays.
- Consent to treatment was reviewed every 2 years. Patients returning to the clinic within 5 years were considered returning patients.

Monitoring care and treatment

The service had limited involvement in quality improvement activity

- The service obtained some information about care and treatment to make improvements. An audit of blood pressure monitoring demonstrated a range of options were available for patients to monitor their blood pressure as part of remote consultations. The audit of weight loss showed the average weight lost in a group of patients. However, the audit did not consider how the weight loss was linked to prescribing regimens and did not indicate any audit actions or follow up.
- Administrative staff conducted a review of the patient medical record cards to see if they had been completed correctly. However staff told us that there was no system in place to prevent the same cards being repeatedly selected for review.

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.
- The doctors were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together well but did not work well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Doctors advised patients to contact their GP when needed. For example, when patients were found to have health concerns that meant they could not be provided with slimming services at the clinic, they were sign posted appropriately to their GP.
- 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. The patients completed an electronic form that was reviewed by the doctor before starting treatment. A paper copy was available for patients as an alternative. This was posted out and scanned onto the system, on completion.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they registered with the service. But we did not see evidence that this was reviewed at each consultation or that the risks of not sharing this information were explained to the patient. Doctors told us that they were discussing the most recent update to the General Medical Council guidance (Good practice in prescribing and managing medicines and devices) with respect to information sharing.
- 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. New patients were given a food diary, diet advice and encouraged to exercise.
- Patients were informed about the risks and possible side effects of the medicines and given information on the best time to take them.
- 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. The doctor explained the medication used and possible side effects. This was supported by a patient information sheet, given to the patient. Where appropriate, staff assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring Good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service regularly sought feedback on the quality of clinical care patients received.
- 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 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.

- Information was posted out to people that did not feel comfortable using electronic communication.
- We received more 19 patient 'share your experience' forms and all were extremely positive about the service. They felt they received an engaging and professional service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- We were told that the doctors undertook online/telephone consultations in a private room and were not disturbed at any time during consultations.

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 told us they would listen to patients requests for improved services.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people who did not have the required technology could access the service by post and telephone. Repeat medicines requests were recorded and the medicines posted out following approval by the doctor.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service operated electronic appointment bookings. Following initial screening by a doctor, the patient was registered and booked in for their first appointment by clinic staff, further appointments were booked at the time of each consultation.
- Patients received appointment reminders by text and missed appointments were followed-up by the clinic team. The two doctors and non-clinical staff working at the service provided cover for each other.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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 had complaint policy and procedures in place.
- Staff explained how they would listen and suggest action or clarification to resolve complaints for example, about the delivery times of posted medicines. Staff reported they were able to resolve these verbally to patient's satisfaction. However, records were not made in the complaints register or patient's file to help support identification of trends and lessons learned. The provider had not received any written or unresolved complaints.

Are services well-led?

We rated well-led as Requires improvement because:

There was only limited evidence of learning from audit and the medicines policy did not reflect current guidance on prescribing and working with patients' GPs.

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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff described an open, honest and transparent approach in responding to incidents and 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

Are services well-led?

- Leaders had policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the medicines policy did not fully reflect current guidance on prescribing and working with patients' GPs. Regarding the use of Liraglutide, expectations regarding weight loss were not included and the treatment BMI for South Asian patients was lower than current guidance. [cm1]
- Structures, processes and systems to support good governance and management were clearly set out.
- Staff were clear on their roles and accountabilities.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- 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.

Managing risks, issues and performance

There were limited processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, audit findings were not fully reviewed to identify both areas of good practice and areas for improvement.
- The service had processes to manage current and future performance. However, performance of clinical staff could only be demonstrated through mandatory annual audit as part of their revalidation.
- Leaders had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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 and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Staff explained how they had been engaged with the change from face-to-face to remote consultations and the implementation of new technology.

Continuous improvement and innovation

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

- 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. Staff described how they had been engaged in developing and reviewing new ways of remote working.