

ABL Health Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 28 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

ABL Limited are commissioned to provide behaviour change programmes including specialist weight loss and smoking cessation services. Choose to Change (C2C) is a weight management behavioural change programme that adopts additional psychotherapy methods to support the weight loss programmes and encourage lifelong change. It helps people to break down barriers to sustained weight loss; become more active and make positive food choices. Choose to Change programmes are held in different areas of Greater Manchester and Merseyside to ensure easy access for patients. The clinics are run by a variety of support professionals which include doctors, lifestyle coaches, psychologists, dietitians and nutritionists. The course is part of the patient's ongoing bariatric treatment. (Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity). The service also manages a contract with a specialist enteric feed provider. Enteral feeding is a method of feeding patients through a special tube directly into the stomach. Dietitians employed by ABL are responsible for assessing patients for the type of feed to be provided. ABL staff are

Summary of findings

not involved in managing the day-to-day delivery of the feed. This is managed by the specialist company and carers who are organised by the appropriate secondary medical services.

Staff employed by ABL Limited includes:

General Practitioners, psychologists, dietitians, nutritionists, lifestyle coaches, physical activity specialists, health trainers and administration staff.

The Chief Executive 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 32 patients on the day of inspection, through comment cards and face to face interview. All cards and comments were very positive about the help and support offered during the weight loss treatment and the way patients were treated.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- There were well established governance and monitoring systems which were effectively applied throughout the service and fully understood and deployed by staff.

- The service demonstrated a learning and inclusive culture.
- The service acted in accordance with their principle of 'a better life' for all who came into contact with the service and stakeholders.
- Patients said they were treated with compassion, dignity and respect. They said they were fully involved in their treatment plans and making decisions about their ongoing treatment.
- Information about services and how to complain was available and easy to understand.
- Clinicians assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence (NICE).
- All members of staff maintained the necessary skills and competence to support patients.
- Staff were up to date with all mandatory training and current guidelines and were led by a proactive management team.
- Risks to patients were well documented and managed.
- Staff were kind, caring and competent and put patients at their ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

ABL Health Limited

Detailed findings

Background to this inspection

ABL Health is provided by ABL Health Limited and is an independent weight management and specialist nutrition service. The head office is based in Bolton, Greater Manchester. The provider carries out the regulated activities in rooms hired at different community venues across the Greater Manchester and Merseyside areas.

There are over a 1000 patients currently registered with ABL Health Ltd.

The clinical team consists of four GPs and a number of allied healthcare professionals such as psychologists and dietitians.

The clinical team are supported by a registered manager, governance lead, business manager, information technology staff and administration staff.

The service provides a number of group and individual sessions at times which are flexible. Sessions tend to be late afternoon and early evening.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Prior to the inspection visit we reviewed the information sent to us by the service and information available on social media and on the services website.

The methods used to gather evidence included speaking to stakeholder including commissioner's, patients and staff. We visited one of the venues at which the regulated activity took place. We reviewed staff records and other documents concerned with the running of the business for example health and safety certificates, policies and action and governance reports.

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?

Our findings

Safety systems and processes

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

- The provider conducted safety risk assessments. There were appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support people and protect them from neglect and abuse. Staff took steps to protect people from abuse, neglect, harassment, discrimination and breaches of their dignity.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children, or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Legionella risk assessments were available for each venue used by the service.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to the manufacturers' instructions.

Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction process for all staff and this was tailored to their role.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The provider had appropriate access to emergency equipment in keeping with the Resuscitation Council UK guidelines.
- There were appropriate indemnity arrangements in place to cover potential liabilities.

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available and accessible as required.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

- The only medicine prescribed directly by the service was nicotine replacement medicines in line with best practice, otherwise the GP's working at ABL made recommendations about medicines to the patients regular GP. This was managed in keeping with best practice guidance.
- The service carried out regular medicines audit to ensure prescribing recommendation was in line with best practice guidelines for safe prescribing.
- Staff recommending medicines to patients gave advice in line with legal requirements and current national guidance.
- Processes were in place for checking whether patients had been prescribed the recommended medicines and this was monitored.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. For example, following an incident, staff received additional risk assessment training in relation to assessing fixtures and fittings at the different venues used by the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- The service had clear patient safety alert systems in place and could demonstrate how they received and acted on them.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and relevant medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence based practice.
- 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. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The service was actively involved in quality improvement activity. For example, the service monitored the number of patients who successfully achieved their Choose to Change personal goal.
- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, GP's who worked at the service recommended medicines for the patient's own GP to prescribe. The provider had completed an audit of one of these medicines and looked at compliance with best practice guidance and the outcomes for patients. The audit identified areas for improvement and an improvement plan was developed and shared with relevant staff this included sending an explanatory letter to the patients GP when the medicine was being recommended.
- The service also audited the effectiveness of the initial triage system used to decide the level of support the patient needed when they were accepted onto the programme. The audit indicated people with a high level of need were seen appropriately. Areas for improvement were identified and additional support including technical support and supervision was given

to staff. A re-audit had been completed and further changes made as a result. This indicated that the service aimed to achieve continual improvements in relation to outcomes for patients.

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 allied health professionals) were registered with the General Medical Council (GMC) or Health and Care Professions Council (HCPC) 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.
- Staff had received specific training to carry out their roles as lifestyle coaches.

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. For example, the patients 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.
- All patients were asked for consent to share details of their consultation.
- The provider had risk assessed the treatments they offered.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

Are services effective?

(for example, treatment is effective)

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The service had systems in place to report the patients progress to their GP.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- Staff 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.

- 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.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time to make an informed decision about the choices available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, the provider had developed different pictorial prompts and communication aids to meet the needs of the varied communities in which they worked.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of upholding people's dignity and showing respect.
- Staff discussed sensitive issues in a private room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 had changed a venue following feedback from the patients.
- The provider ensured facilities and premises were appropriate for the services delivered.
- Adjustments were made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

- Patients could access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and treatment.
- Changes in the timetables were minimal and managed appropriately.
- Patients reported that it was easy to attend the sessions.

Listening and learning from concerns and complaints

- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Information about how to make a complaint or raise concerns was available.
- 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. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and feedback.
- 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. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- Managers at the service and the staff were held to account for the decisions made. Systems were in place to identify and award good practice and address identified weaknesses.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated with fairness.
- 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.

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The service had processes to manage current and future performance. Performance of staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Audits 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 and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of care was accurate and useful.
- 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.

Engagement with patients, the public, staff and external partners

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

- The patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the provider now routinely considered the location of new venues in relation to parking and public transport.
- Staff could describe to us the systems in place to give feedback. For example, news- letters, regular team meetings and updates and one-to-one sessions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The service made use of internal and external reviews of incidents and 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. For example, end of year reports were compiled which reviewed the success of the different management systems. There were specific reports about: the effectiveness of health and safety protocols; compliance with the safeguarding policy; the standard of record keeping and other protocols.