

The Bodyline Clinic Limited

# The Bodyline Clinic Limited Crosby

## Inspection report

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Date of inspection visit: 5 December 2018  
Date of publication: 05/02/2019

### Overall summary

We carried out an announced comprehensive inspection on 5 December 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.

Bodyline Crosby is a private clinic which provides medical treatment for weight loss and has been registered with CQC since January 2018. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction.

The nurse lead 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.

# Summary of findings

We reviewed 18 CQC comment cards completed by patients prior to our inspection. The majority of feedback was positive. Patients told us staff were professional, welcoming and caring. The clinic and facilities were described as clean and hygienic.

## **Our key findings were:**

- The facilities were clean, tidy and appropriate for people's needs.
- Staff were friendly and caring and treated patients with dignity and respect.
- Prescribers had access to relevant information at the point of consultation.
- The service had a clear vision and strategy that staff were involved in shaping and achieving.
- There was a comprehensive set of policies and procedures covering the clinic activities that were reviewed and updated at staff meetings.

There were areas where the provider could make improvements and should:

- Review the frequency of audit to ensure actions are embedded.
- Review audit actions and develop action plans to provide assurance.
- Review the DBS policy and risk assessment. (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).
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

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

# The Bodyline Clinic Limited Crosby

## Detailed findings

### Background to this inspection

Bodyline Crosby is a private clinic which provides medical treatment for weight loss and has been registered with CQC since January 2018. The clinic is open on Wednesdays from 4:30pm until 7:30pm and Saturdays from 9:30am until 12:30pm. Consultations are provided by appointment for first time patients and on a walk-in basis for repeat visits. The premises comprise of a reception waiting area and three consulting rooms all situated on the ground floor, with one step access from the street. There is a clinic manager and five nurses who carry out patient consultations.

We carried out an announced comprehensive inspection on the 05 December 2018. Our inspection team was led by

a CQC pharmacist specialist and included a member of the CQC medicines team. During our inspection we interviewed staff, checked the environment and equipment, made observations and reviewed 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?

## Our findings

### Safety systems and processes

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

- Staff received safety information from the service as part of their induction. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The medical director was the safeguarding lead; all staff had undertaken safeguarding training at a level appropriate for their role. Although the service only treated adults the staff we spoke to were aware of their responsibilities for children who may accompany adults to appointments.
- There was evidence that nurses were appropriately registered and up-to-date with their professional revalidation.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were in place for all staff and we discussed the risk assessment for validity as they were not regularly renewed. The provider updated their policy after the inspection to ensure that checks were updated on an ongoing basis where appropriate. (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).
- A second nurse would provide a chaperone if required and this was supported by a written policy. All patients were asked on their registration form if they wished to have a chaperone.
- There was an effective system to manage infection prevention and control. The premises were clean and tidy and cleaning records were available. Handwashing was available and alcohol gel was accessible in all rooms. The clinic had a Legionella risk assessment in place. (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- Though the risk of a medical emergency was low, staff had completed basic life support and anaphylaxis training. A local risk assessment was carried out by the provider and staff were aware of this.
- There was appropriate indemnity arrangements to cover all potential liabilities which may arise as a result of their work at the service.

### 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 records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. A new clinical record was being implemented and previous records were held onsite to ensure prescribers had relevant patient information during their consultation.
- The service had systems for sharing information with staff and the patients registered GP to enable them to deliver safe care and treatment.

### 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, including controlled drugs, emergency medicines and equipment minimised risks. The provider had a range of policies to support the safe handling of medicines.
- The service carried out medicines audit to ensure prescribing was in line with best practice. Audit results were communicated to allow changes in practice to improve care, the audit frequency being increased to provide assurance
- The service had a robust mechanism for purchase, distribution and storage of medicines to ensure there was an adequate supply to meet patients needs.
- Medicines were stored securely according to safe custody procedures and access was restricted to appropriate staff. During their consultation nurses prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

# Are services safe?

- 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'.

## **Track record on safety**

- The service monitored and reviewed activity. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety improvements. All clinics shared information at the senior management team meetings to inform policies.

## **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 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 took action to improve safety in the service. There was an incident reporting policy. There had been one incident reported and investigated in the last 12 months.
- 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 an effective mechanism in place to disseminate external safety events as well as patient and medicine safety alerts to all members of the team including sessional and agency staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- Patients' who were new to the clinic completed a registration form including a new client health questionnaire. Nurses reviewed the information and completed the clinical record during the initial consultation. Patients were then assessed by the nurse and height, weight, body mass index (BMI), blood pressure and waist measurement were documented. If appropriate treatment was prescribed.
- 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.
- Arrangements were in place to deal with repeat patients. We looked at 15 patient records and the prescribing policy had been followed for all, one person had been declined treatment as it was not appropriate.

### Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. As a result of audit and staff feedback the clinical consultation record had been reviewed. Improvement was shared during staff meetings to ensure that this was completed across all provider locations.

### 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. All nurses were registered with the Nursing and Midwifery Council and were up to date with revalidation. Up to date records of skills, qualifications and training were maintained.

- Staff were encouraged and given opportunities to develop. We saw that staff had undergone mandatory training in basic life support, anaphylaxis, infection control and fire safety.

### Coordinating patient care and information sharing

Staff worked together, to deliver effective care and treatment.

- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

### Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health.

- A written client information booklet was provided to patients this contained information about exercise, diet and meal plans. We were told of examples when the nurses provided additional specific verbal advice to make the booklet patient centred and support patients.

### 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. Staff we spoke with explained how they would ensure a patient had the capacity to consent to treatment in accordance with the Mental Capacity Act 2005.
- Where unlicensed medicines were prescribed the implications of this were explained by the nurse and information was provided in the client information booklet.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from the 18 comment cards were positive about the way staff treated patients. Patients told us staff were professional, welcoming and caring.
- Staff understood patients' personal needs. They displayed an understanding and non-judgmental attitude to all patients.

### **Involvement in decisions about care and treatment**

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

- Patients told us through comment cards, that they felt listened to and supported by staff. Patients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- The consulting rooms were private and people could not be overheard during their consultation. Staff recognised the importance of people's dignity and respect, this was confirmed by patients comment cards.

# 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 facilities and premises were appropriate for the services delivered. There was no wheelchair access, the provider told us they would signpost people to one of their other clinics if they had difficulties accessing the Crosby clinic.
- There was no induction loop available for patients who experienced hearing difficulties. Medicine labels were not available in large print, Braille, or in any other languages. We discussed this with the provider and they advised they had never been asked for these but would review availability if a patient needed it.
- For patients who did not have English as a first language staff were aware of an interpretation service, although the cost had to be covered by the patient. Patient feedback was collated by the provider to enable an analysis of patients' needs when reviewing the service provision.

### 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 by appointment, and a walk-in service was available for repeat patients. The clinic is open on Wednesdays from 4:30pm until 7:30pm and Saturdays from 9:30am until 12:30pm.
- Patients could access help and support by telephone outside of clinic opening hours
- The service had responded to long waiting lists by opening a third consultation room.

### 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. 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.

# 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;

The Registered Manager, Managing Director and Clinical Director had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services and were visible and approachable. They understood the challenges and were addressing them.
- They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 and staff were updated regularly.

### 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.
- Openness, honesty and transparency were demonstrated when 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 were able to 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 had received regular annual appraisals in the last year and nurses were supported with revalidation.
- There was a strong emphasis on the safety and well-being of all staff.

### Governance arrangements

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

- Staff were clear on their roles and accountabilities.
- The senior clinical team had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Clinical audit frequency was due to be increased. This was not yet embedded and action plans will need to be developed and reviewed to provide assurance.

### Managing risks, issues and performance

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. However, this needed to be maintained and actions reviewed.
- The Clinical Director had oversight of safety alerts, incidents, and complaints.

### 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 with senior management in relevant meetings. The whole staff team had access to the information by annual update or face to face update from clinic manager.
- The provider submitted data or notifications to external organisations as required.

### Engagement with patients, the public, staff and external partners

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

- Patients' and staff's views and concerns were encouraged, heard and acted on to shape services and culture. A third consulting room was added in response to patients feedback.

# Are services well-led?

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

- There were regular management meetings and staff were able to give feedback to the registered manager to discuss at the meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements. For example, the new client clinical record card was reviewed and developed in conjunction with the nursing team and shared across all locations.