

MoreLife Manchester

Inspection report

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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?		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 MoreLife Manchester. We carried out this inspection as part of our inspection programme following the registration of a new service.

The service is registered for services in slimming clinics and primarily provides services to people seeking weight management including consultations and treatment.

The contract manager 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.

Our key findings were:

- The provider had a range of specialist healthcare professionals and supportive measures to provide a multi-factorial approach to weight loss.
- There was a culture of openness and honesty throughout the organisation.
- Leadership did not have robust clinical governance and oversight of the service.
- Recording of information was not always clear or readily accessible.

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

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

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

- Provide clients with a choice over the pharmacy used to dispense medication.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC medicines inspector. The team included another two members of the CQC medicines team.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to MoreLife Manchester

MoreLife Manchester provides support to people to lose weight in the Greater Manchester area. This is done by providing consultations for advice and support including mental health, dietetic, holistic and physical exercise support as well as prescribing and monitoring the effects of medicines where appropriate for weight loss. The clinic provides services to adults only. Patients can access the service by a referral letter from their GP or other Healthcare Professionals, if they meet a certain criteria.

The clinic is open Monday to Friday, 9am to 5pm. Evening group sessions are available up to 7.30 pm.

How we inspected this service

Information was gathered from the provider information return prior to the inspection and while on site during the inspection.

The methods used to carry out this inspection were interviewing staff, reviewing feedback from people who use the service and review 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.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They 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 had systems to safeguard children and vulnerable adults from abuse.
- The service had processes in place to work with other agencies to support patients and protect them from neglect and abuse. Staff knew how to take steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.
- There was an effective induction system for health and safety. The provider had an up to date Legionella certification.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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 system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff told us of an example of a personalised risk assessment for a patient with a complex condition when appointments were held remotely via telephone or virtual.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover professional indemnity and public liability.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Staff recorded individual consultations however these were not always easily accessible.
- The care records we saw showed that information needed to deliver safe care and treatment was not always available to relevant staff in an accessible way and sometimes not all information was recorded. For example, allergies were recorded in individual consultation records making this difficult to find. Prescriber's did assure us that they asked for allergies prior to prescribing.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where physical health checks such as weight were recorded as part of a remote consultation, we couldn't be assured that the provider took all reasonable steps to verify the information they were given.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service did not store medicines on site. The provider had a contract with an online pharmacy to supply medicines which were delivered to patients' homes. Prescriptions were sent via a secure electronic link.
- Patients were given appropriate advice on how to administer their medicines however at the time of the inspection we couldn't be assured that clients were told of how to dispose of their medicines if they were no longer needed. Soon after the inspection, the provider added this advice to information given to the client.
- Patients were reviewed by the prescriber at regular intervals appropriate to their treatment. The provider assured us they were accessible to clients throughout this period and clients knew how to contact them if there were any concerns.
- The service did not carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe controlled drugs.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

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 to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had systems in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns, report incidents and near misses. Leaders and managers supported them when they did so. At the time of the inspection, no significant errors had been reported.
- There were adequate systems for reviewing and investigating when things went wrong. Leadership at the service encouraged a culture of openness and honesty to safely develop and showed us they had systems to support this. The provider was aware of and had systems in place to comply with the requirements of the Duty of Candour. The service had known to report notifiable safety incidents, there were none at the time of the inspection.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including agency staff.

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 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. Where appropriate this included their clinical needs and their mental and physical well-being.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service offered support for the administration of injections face to face through an external provider. This was optional however assurance of this training was through an electronic check box which the provider could review.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to make improvements. For example, we saw evidence of a new medicine being discussed at a recent clinical update meeting to decide if this would benefit people seen by them. A risk assessment around this new medicine was an action from the meeting. The service made improvements through review of operational information.
- At the time of the inspection, the provider was not actively completing clinical audits. Clinical data for people receiving weight loss medicines was reviewed. We saw evidence of discussions at the providers's clinical governance committee exploring how this may be completed.

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 and were up to date with re-validation.
- 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 worked together to provide effective care and treatment. For example, multidisciplinary team meetings were held regularly for any member of the team to raise a client case to be discussed and an individualised plan made.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. For example, referrals were made to bariatric surgical intervention where appropriate, the GP was kept informed of this.
- 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. 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.
- All patients were referred to the service by their GP. The GP was kept informed of treatment and when the client was discharged at the end of the programme.
- The provider had risk assessed the treatments they offered. We saw examples where clinicians had referred the client back to the GP and followed this up with a letter where they felt treatment was unsafe. Some clients were still seen as part of a non-medicine pathway and supported through diet and exercise.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we that people were referred back to their GP if they had scored highly on a General Anxiety Disorder Assessment (GAD7).
- 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.
- The service did not monitor 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. People were also enrolled to group sessions for support when starting the programme. This was led by a member of the team.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. We heard of several examples where clinicians felt prescribing was unsafe due to family history, other co-morbidities or health conditions and patients were counselled through this rationale.
- 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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service 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-judgemental attitude to all patients.
- The service gave patients timely support and information once they were accepted onto the programme.

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.
- Staff communicated with people in a way that they could understand, for example, communication aids such as hearing loops were available. The provider had some patient information translated into the five most common languages and for those requiring British sign language interpretation, this was available online.
- People were given clear information about treatment options and this was individualised to the reason the person wanted to reduce their BMI. The person had information to allow them to make a decision for themselves and counselled through this.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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 recognised the need to improve services in response to those needs. For example, patients were given the opportunity to attend group meetings based on the language they spoke however this did not receive positive feedback from clients and so this was stopped. We saw evidence of an action plan to improve responsiveness to patients needs and an Inclusivity Group had been restarted after being on hold during the Covid-19 pandemic.

Timely access to the service

Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. The service had a long waiting list due to the volume of referrals, however those on the waiting list were screened and prioritised if they required more urgent treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Information to help with non-pharmaceutical weight-loss methods such as nutrition and exercise was given to those on the waiting list. Once clients were seen and onto a programme, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. We saw examples of referrals back to the GP where necessary, including when people had completed the programme to continue with treatment with the GP. Referrals were made to the bariatric surgery pathway and GP was informed.

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.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example due to staff turnover, clients saw different practitioners frequently which led to a lack of consistency. This was identified by the provider and a plan had been made to review recruitment.

Are services well-led?

We rated well-led as Requires improvement

Leadership capacity and capability;

Leaders had limited 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 however did not always have the capacity to address them fully.
- 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 (where relevant).
- 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider logged all incidents and complaints. A meeting was recently set up to review lessons learnt from incidents however we did not see specific actions as it was in it's infancy. 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 needed. This included appraisal. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. Systems used did not always support accurate record keeping nor was information required from records easily accessible.
- 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 accountability.
- Leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Leaders did not have processes in place to assure themselves of safe patient care including clinical audit.
- 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.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future operational risks however we found this could be strengthened around risks to patient safety.
- The service had processes to manage current and future performance. The provider could not demonstrate performance of clinical staff through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits were not completed. At the time of the inspection, the Saxenda pathways had only been open for seven months and we were told the provider would plan for clinical audit after the service had been operating for a year. However, there were no recent clinical audits for the Orlistat pathway for the provider to assure themselves of safe and effective prescribing. There was no clear evidence of action to change services to improve clinical quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service did not always have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Systems used for record keeping did not always meet the requirements of the service. We were told all consultations were written onto the electronic system however additional information may be passed via email or kept on paper records such as information from multidisciplinary team meetings. The organisation had recognised this and steps were already underway to upgrade the electronic system to one that would be more supportive to clinical work.

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, clients and staff and acted on them to shape services and culture. For example, staff had provided feedback around the need for standard proformas for monthly consultation reviews with clients on the Orlistat pathway which had been listened to and implemented.

Are services well-led?

- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service had recently set up a lessons learned meeting encouraging employee feedback in this meeting also. The meeting was aimed at making use of internal reviews of incidents and complaints. However due to the meeting being in its infancy, it was too early to see any outputs at the time of inspection.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulation 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not operate systems to monitor, assess and improve the clinical quality and safety of the service they provided.</p> <p>Accurate, complete and contemporaneous records in respect of each patient were not always maintained.</p> <p>The provider did not have systems to assure themselves of the accuracy of physical health monitoring during remote consultations or patient's consent to treatment.</p>