

Diet U.K. Limited

Diet UK Bolton

Inspection report

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Date of inspection visit: 15 May 2018

Date of publication: 25/06/2018

Overall summary

We carried out an announced comprehensive inspection of this service on 29 November 2017 where breaches of legal requirements were found. After the comprehensive inspection, the service wrote to us to say what they would do to meet legal requirements in relation to a breach of regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Our key findings were:

- Staff had received training in safeguarding and basic life support

- A legionella risk assessment had been completed by an external company
- The risk-assessment for the provision of medicines and equipment for use in a medical emergency had been updated and improved
- New processes were in place to ensure patients had their blood pressure monitored appropriately during the initiation and titration of treatment
- We saw improvements in medical record keeping, in particular the rationale for supplying more than 30 days' treatment

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

Continue to make improvements to the clinical audit process to demonstrate the safety and effectiveness of the treatments prescribed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was 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

Diet UK Bolton

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Diet UK Bolton on 15 May 2018. This

inspection was carried out to check that improvements to meet legal requirements planned by the service after our comprehensive inspection on 29 November 2017 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe, and is the service effective? This is because the service was not meeting some legal requirements.

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

Are services safe?

Our findings

Safety systems and processes

At our previous inspection, we found the service did not have an infection control policy and had not carried out a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection, the registered manager provided us with an updated Risk Assessment for staff in a clinical setting policy, which included a section on infection control. In addition, a comprehensive Legionella risk assessment had been completed by an external company in March 2018, and we were shown a copy of this during our inspection.

In November 2017, we also found none of the staff at the clinic had undergone safeguarding training. The registered manager showed us evidence that all staff had now undergone safeguarding training at a level appropriate to their role at the clinic. In addition, the registered manager, who was the safeguarding lead, had completed training appropriate for managers and leads.

Risks to patients

This is a service where the risk of needing to deal with a medical emergency is low, however at our last inspection we found no risk assessment had been carried out with regards to what may be needed in the event of a medical emergency. Following this inspection, the registered manager sent us an updated risk assessment which covered what medicines and equipment should be held at each clinic site, and set out the expectations for staff and doctors with regards to life support training. In addition, during this inspection we saw evidence that all staff had completed basic life support training in April 2018 as set out in the risk assessment.

Safe and appropriate use of medicines

During our last inspection, we found stocks of medicines were counted regularly by staff, but the recording system did not record actual stock levels. This made it difficult to fully audit and account for the medicines. On this inspection, we saw that a new stock control system had been introduced which included a running balance of each medicine. Two staff members carried out regular balance checks to ensure medicines were properly accounted for.

In November 2017, we saw there was a written process in place for dispensing and labelling medicines. However, we found this had not been properly followed and we saw unlabelled bottles containing medicines, which was not safe as it was not clear what medicine was in each bottle. During this inspection, we checked stocks of dispensed medicines and found the correct process had been followed, and all medicines were labelled appropriately. In addition, the registered manager told us staff had been re-trained on the dispensing process in January 2018 to ensure they understood and followed the written policy.

Track record on safety, lessons learned and improvements made

We previously found there were arrangements in place at the clinic to receive and act upon patient safety alerts such as those issued through the Medicines and Healthcare products Regulatory Agency (MHRA). However, the provider did not keep records of the action they had taken in response to these alerts. At this inspection, the registered manager showed us a new system for recording all alerts received and the action taken in response to each.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

At our last inspection, we found patients had their blood pressure measured during their first visit but this was not always repeated at subsequent visits. This meant initiation and titration of treatment did not always include appropriate monitoring. Since our last inspection, a new standard operating procedure (SOP) had been implemented which stated blood pressure should be checked at the first and second consultation, then at six-monthly intervals if readings remained within safe limits. We reviewed 12 patient records and found this procedure had been adhered to in all cases. In addition, a new blood pressure record card had been introduced to ensure checks were carried out at the right time.

In November 2017, we found one patient was supplied six weeks' worth of medicines on three occasions in the previous four months, but no clinical reason for this was recorded in the medical notes. This was contrary to national guidance which states supplies of controlled

drugs of more than 30 days should be exceptional, be based on clinical need, and the reason recorded in the patient's notes. At this inspection, we reviewed two records where greater than 30 days' treatment had been prescribed. In both cases, we saw the rationale for this was clearly recorded in each patient's medical notes.

In addition, the provider had not previously risk assessed the practice of posting controlled drugs. At this inspection, we saw an updated SOP was in place and a new individual risk assessment was completed for each patient on each occasion that medicines were sent by post.

Monitoring care and treatment

We previously identified clinical audits did not have set criteria to audit against (for example benchmarking against national guidance), and no outcome or improvement measures had been recorded. At this inspection, we asked to see any audits that had been completed since our last inspection. The registered manager told us no further audits had been completed, however an annual audit of clinical effectiveness was planned for December 2018.