

FeelTru

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?		Good	

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? – Good

We carried out an announced comprehensive inspection at FeelTru. We carried out this inspection as part of our inspection programme following the registration of a new service.

The service is registered for treatment of disease, disorder and injury and primarily provides services to people seeking weight management including consultations and treatment.

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.

The lead clinician 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 safe systems and processes to manage patients.
- They provided a personalised service for patients wishing to access weight management support. They incorporate mental, physical and holistic care into practices.
- There was a focus on continuous learning and improvement.

We saw the following outstanding practice:

- The provider has a welcome website, to allow patients easy access to a variety of information and resources. These include links to additional support such as dietitians and mental health resources. The website was set up with input from patients and staff. This supports patients to take a holistic view of their health and care including weight management.
- The provider set up a quality and safety group with other registered clinics offering a similar service. This is to provide support, learning from each other and peer review. This was seen through review of prescribing policies.

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

Overall summary

- The provider should make arrangements for patients with mobility difficulties to access the service for face to face appointments.

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 another member of the CQC medicines team.

Background to FeelTru

FeelTru Limited provides support to people to lose weight in the Halifax and surrounding area. This is done by providing consultations for advice and support including mental health, holistic and physical exercise support as well as prescribing and monitoring the effects of medicines where appropriate for weight loss. The clinic was first registered in August 2021 and is a service for adults only. There are over 30 people registered with the service. Patients can access the service by enquiring over the phone or via the website. www.feeltru.co.uk

The service carries out the regulated activity at the above address. This is also where the inspection took place.

The clinic is open Tuesday, Wednesday, Thursday, Friday and Saturday.

How we inspected this service

Information was gathered from the provider information return prior to the inspection and while on site during the inspection. We also monitored feedback via the CQC online form which is promoted on the provider's website.

The methods used to carry out this inspection were interviewing staff, observations 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. 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 policies and procedures in place including how to work with other agencies to support patients and protect them from neglect and abuse. Staff knew the steps to take 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. 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. Cleaning and hand washing audits were in place. The provider had an up to date legionella certification and a risk assessment was in place with actions.
- 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. The registered manager was recruiting a further independent prescriber as the business was growing.
- There was an effective induction system.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. An emergency medicine kit was in place. Staff knew how to identify and manage patients who deteriorated during their appointment and would either arrange for emergency assistance via 999 or advise the patient to seek further medical advice.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate arrangements in place to cover both professional indemnity and public liability. This was provided by the organisation and each person was listed and specified what was covered.

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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service used e-prescriptions which were monitored to ensure the services prescribing guidelines were followed.
- The service carried 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. Staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including when services were delivered online.
- This service prescribes some medicines for weight loss off label. Treating patients with medicines off-label can have higher risk than treating patients with licensed medicines for their labelled indication. This is because the off-label use may have less safety, quality and efficacy evidence. These medicines are being assessed by the National Institute for Health and Care Excellence (NICE) at the time of this inspection.

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

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. The provider offered further face to face support to a patient who complained that the treatment was not working and individualised the approach further.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

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 wellbeing. For example, there was a full medical assessment template in place which asked about eating disorders as well as physical health.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinic provided an online welcome website for patients. Access was given once the initial medical assessment was complete and the clinician had confirmed it was safe to treat. The welcome website had links to other resources such as access to dietitians, information about mental health and links on how to administer medication safely. This allowed patients to access more holistic support for weight management.
- The service also offered a virtual clinic which ensured patients who may struggle to get to appointments can still be seen.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. In response to staff suggestions, management added a mental health resource to the welcome website to enable patients to access further support if required. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the audit tool used for auditing records was updated in response to the records moving from paper to online. This ensured the patient journey and GP letters had been captured. Sharing information with the GP allowed safer patient care.
- A handwashing audit has also recently been completed to ensure staff were compliant with hand washing.

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 (nursing) were registered with the Nursing and Midwifery 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

Are services effective?

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. The provider communicated with the GP when medicines were prescribed. Consent from the patient was obtained prior to prescribing.
- Before providing treatment, clinicians 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. For example, any patient with a complex medical history was referred to their GP for support and not treated by the clinic.
- 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.
- The provider had risk assessed the treatments they offered. They identified that any patient with complex co-morbidities would not be appropriate to treat within the clinic. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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, this included lifestyle, mental health and exercise.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, staff screened for mental health and body dysmorphia. We saw evidence that staff had referred a patient back to their GP due to this.
- 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 was sought in a variety of ways including the provider making five phone calls to patients per month to ask for feedback directly. The provider also has a web link to the webpage provided by the CQC for the receipt of feedback.
- 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.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available online in easy read formats, to help patients be involved in decisions about their care. There was also a TV in the reception area with rolling information for patients and where to find more information.
- Patient feedback to the organisation showed that they felt listened to and supported by staff and 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.

- 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 improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. One patient feedback feeling uncomfortable due to the temperature of the room, the provider responded by adding thermostats to each clinic room.
- However, the provider should consider the need for step free access for people who may struggle with steps.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use via a telephone call to the clinic.

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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends.
- The provider is open and honest. It proactively seeks feedback from patients and is open to feedback. It encourages feeding back to CQC via a link on their website to the CQC give feedback on care website.
- The service had a contract in place with an external mediator when required. These are voluntary but provide independent complaint adjudication for clients who are not happy with how their complaint has been handled by an independent provider.

Are services well-led?

We rated well-led as Good

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 (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.
- 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 complaints. Complaints were discussed openly in the staff team meeting with a view to improve rather than blame. 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. Staff had the opportunity to meet regularly with their line manager to discuss performance and development. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- 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 equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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. Leaders had set up a quality and safety group with other clinics for support, learning from each other and peer review. This was seen through review of prescribing policies.
- 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.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service knew to submit 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 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical review had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. An audit of records showed that there were inconsistencies with documenting information. Therefore templates were developed to address this which had improved documentation.
- 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.

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 has recently been set up but they were open to reviewing concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Are services well-led?

- There were systems to support improvement and innovation work. An alternative training course has become available and management have organised for a member of staff to go for a comparison and to see if there is additional information that could be used to improve the service.
- Staff could describe to us the systems in place to give feedback. 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 was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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.