

The Bodyline Clinic Limited

# The Bodyline Clinic Limited Warrington

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 8 January 2019 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 Warrington 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 32 CQC comment cards completed by patients and spoke with two patients during the inspection. All of the feedback was extremely positive. Patients told us staff were professional, welcoming, helpful and caring. Patients described the environment as relaxing and the clinic and facilities as clean and hygienic.

## **Our key findings were:**

- The facilities were welcoming, clean and tidy and were currently undergoing refurbishment to improve patient accessibility.
  - Staff were friendly, caring and treated patients with dignity and respect.
  - Prescribers had access to relevant information at the point of consultation.
  - A new patient record card ensured that relevant patient information was documented.
  - The service had a clear vision and strategy that involved ideas and input from staff.
- There was a comprehensive set of policies and procedures covering the clinic activities. These 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 completed in a timely manner.
- Review audit actions and develop action plans to provide assurance that issues highlighted are resolved.
- Review the safety of patient access during the clinic refurbishment.
- 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 Warrington

## Detailed findings

### Background to this inspection

Bodyline Warrington 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 Tuesdays from 4pm until 7pm 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 two consulting rooms, all situated on the ground floor.

We carried out an announced comprehensive inspection on the 8 January 2019. 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 had 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 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 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).
- 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. Hand washing facilities were available centrally and the clinic rooms had alcohol gel available. 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.

- There were appropriate indemnity arrangements in place to cover all potential liabilities which may arise as a result of service provision.

### 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.
- The new client record card had been implemented and ensured that relevant patient information was available at the point of prescribing.
- The service had systems for sharing information with staff and patients' GPs 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 regular medicines audits and the results were communicated to staff to ensure any necessary improvements in practice were made.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Medicines were stored securely according to safe custody procedures and access was restricted to appropriate staff.
- 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'.

# Are services safe?

## **Track record on safety**

The service had a good safety record.

- 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. All the clinics shared information at the senior management team meetings to ensure consistency.

## **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. Although there was an incident reporting policy there had been no incidents reported within 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 systems in place for knowing about notifiable safety incidents. 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?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- A registration form including a new client health questionnaire was completed by all patients on their first appointment. Patients' immediate and ongoing needs were fully assessed. This included assessing height, weight and body mass index (BMI). Treatment was prescribed if appropriate and in line with prescribing policy.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. We looked at 10 patient records. However, we saw that one patient had not had a break in their treatment according to the provider's policy. Another patient had returned early for their appointment but no reason was documented in their clinical record.

### 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.
- 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.

### Coordinating patient care and information sharing

Staff worked together and worked well to deliver effective care and treatment.

- Before providing treatment, nurses 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 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 the GMC guidance. For example, we saw one patient record which clearly documented communication received from a patient's GP with the patient advised accordingly.

### Supporting patients to live healthier lives

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

- Nurses provided person centred advice to people during their consultation. A client information booklet was provided for patients to take away; this contained information about diet, meal plans and exercise.

### 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 unlicensed medicines were prescribed, 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 32 comment cards were all positive about the way staff treated people. We spoke with two patients who told us that all the staff were friendly, kind 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 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. The consulting rooms were private and people could not be overheard during their consultation.

# 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.

- At the time of the inspection the facilities and premises were undergoing minor refurbishment and there was no toilet available. However since the inspection a toilet has been installed and is now accessible. The clinic entrance had been moved and work was being carried out to improve lighting and accessibility.
- 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. Repeat patients could use the walk in service. The clinic is open Tuesdays 4pm until 7pm and Saturdays 9:30am until 12:30pm.
- Outside of clinic opening hours patients could contact the telephone support number.
- Patients reported that the appointment system was easy to use.

### 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.



# 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. They understood the challenges and were addressing them.
- They were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.

### 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.
- 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 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.

- 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 that issues are resolved.

### 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 and prescribing. However this needed to be maintained with ongoing review of any identified actions.
- 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 in relevant meetings where staff had sufficient access to information either face to face or via email.

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

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

# Are services well-led?

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

- Sharing of views and concerns by patients and staff were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback either directly to the registered manager at meetings or via a group chat.

## **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.