

# Bishops Green Cottage

## Inspection report

Bishops Green  
Newbury  
Berkshire  
RG20 4HT  
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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?

Good 

Are services well-led?

Requires improvement 

# Overall summary

**This service is rated as Good overall.** (Previous inspection October 2018 Not Rated)

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 Bishops Green Cottage to rate the service for the provision of safe, effective, caring, responsive and well-led services as part of our current inspection programme.

CQC inspected the service on 01 October 2018 and asked the provider to make improvements regarding safeguarding service users from abuse and improper treatment and good governance. We checked these areas as part of this comprehensive inspection and found these had been mostly resolved.

Bishops Green Cottage provides weight loss services, including prescribed medicines and dietary advice to support weight reduction.

Seven people provided feedback about the service via comment cards. All feedback received was positive. Comments included the provider being professional, caring, helpful and supportive within a clean environment.

## Our key findings were :

- Patients were positive about the provider and the service provided by the clinic.
- The governance arrangements had improved from the last inspection but still did not ensure that the clinic was providing a high-quality service. This was because actions and timescales for completion were not always identified.

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Continue to develop systems and processes to ensure good governance with regard to the completion of action plans and recording of outcomes following audits.
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**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 CQC Pharmacist Specialist, and team included another member of the CQC medicines team.

## Background to Bishops Green Cottage

Bishop's Green Cottage is a private clinic which provides medical treatment for weight loss and has been registered with CQC since October 2010. The clinic is operated by the provider who is a doctor with occasional administrative assistance at the satellite locations.

The clinic delivers regulated activities at three satellite addresses;

- Wood Green Slimming Clinic, St Raphael Centre, Bounds Green Road, N22 8HE on alternate Thursdays 11:30 to 18:00;
- Staines Slimming Clinic, The Community Centre, Thames Street, Staines, TW18 4EA on alternate Wednesdays 11:00 to 18:00;
- Worthing Slimming Clinic, The Charmandean Centre, Forest Road, Worthing, BN14 9HS on alternate Thursdays 11:30 to 18:15.

We visited the main office (28 October) and one of the satellite locations (20 November) as part of this inspection.

### **How we inspected this service**

Prior to the inspection we reviewed information about the service, including the previous inspection report and information given to us by the provider. We spoke to the provider and reviewed a range 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. 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 worked with other agencies to support patients and protect them from neglect and abuse. The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had arrangements to carry 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).
- The provider had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. The provider operated from locations operated by other landlords. Assurance had been sought by the provider from these landlords that a Legionella risk assessment had been completed and any appropriate action taken.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments each time that they operated from the satellite locations This considered 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.

- The provider told us that they normally operated the clinic single handed.
- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They could tell us the action that they would take in a medical emergency.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. The provider had identified the location of emergency equipment in proximity to the satellite clinics and had included this in the risk assessments for the clinic locations.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- We saw that the provider had made suitable insurance arrangements for both their professional practice and for public liability cover.

## 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 the provider in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service did not have 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. The provider did however explain how this would happen, but they had not formalised this prior to the inspection.
- Clinicians made appropriate and timely referrals in line with protocols when patients attended with untreated medical conditions.

## Safe and appropriate use of medicines

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

## Are services safe?

- The systems and arrangements for managing medicines, controlled drugs, and emergency medicines minimised risks.
- The provider carried out regular medicines audit to ensure prescribing was in line with their guidelines for safe prescribing.
- The provider prescribes Schedule 3 controlled drugs (medicines that have a high level of control due to their risk of misuse and dependence).
- The provider 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 the provider 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.
- 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 and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider monitored and reviewed activity. This helped him to understand risks and gave a clear, accurate and current picture that led to safety improvements. The provider was able to show us that no incidents had occurred since the last inspection.

### 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.
- There were adequate systems for reviewing and investigating when things went wrong. The provider told us that they had not had any incidents in the time that they had been operating the service
- 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.

# Are services effective?

We rated effective as Good because:

## Effective needs assessment, care and treatment

The provider had systems to keep themselves up to date with current evidence-based practice. We saw evidence that provider assessed needs and delivered care and treatment in line with current legislation.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. We saw that during initial consultations a medical and medicines history was taken. We also saw that physical measurements of height, weight and blood pressure were taken. Information was recorded about patients' dietary and lifestyle habits. We checked 12 patient records and confirmed that this information was present. We also saw that a Body Mass Index (BMI) was calculated at the initial and subsequent visit.

- The provider had enough information to make or confirm a diagnosis.

- We saw no evidence of discrimination when making care and treatment decisions.

- Arrangements were in place to deal with repeat patients. We saw from the records that patients were given appropriate treatment breaks after 12 weeks of treatment. Where patients returned to the service after a break, we saw that they were asked to confirm if there had been any changes to their medical history or other medicines prescribed.

## Monitoring care and treatment

The service was involved in limited quality improvement activity.

- The service used information about care and treatment to make improvements. We saw that the provider had completed an audit of all patients over the previous 12 months. This identified the weight loss achieved by patients and also identified those patients who were not achieving the targeted weight loss. There were no formalised actions or follow up recorded as a result of this audit. The provider told us that they would look at the patients' record cards along with the audit at any subsequent visit.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.

- The provider understood their learning needs. Up to date records of skills, qualifications and training were maintained.

## Coordinating patient care and information sharing

The provider worked to deliver effective care and treatment.

- Patients received person-centred care. The provider was able to explain how they would tailor the service to meet the needs of the patient. He was also able to explain how he worked with patients who may sometimes have difficulty attending the clinics.

- Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health and their medicines history. We saw examples of patients being signposted to their GP where this information was not available to ensure safe care and treatment.

- 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. We did not see any evidence that any patient had given consent. Where patients did not give consent to share they were provided with a letter and encouraged to share this with their GP.

- The provider had risk assessed the treatments they offered.

## 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, the provider gave people advice, so they could self-care. This included information about exercise and dietary advice.

- Risk factors around other medical conditions were identified, highlighted to patients.

## Are services effective?

- Where patients' needs could not be met by the service, the provider 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.

- The provider understood the requirements of legislation and guidance when considering consent and decision making.

- The provider supported patients to make decisions. The provider supplied patients with information leaflets for the medicines which included information about these being unlicensed, specially manufactured medicines.

- The service monitored the process for seeking consent appropriately.

- The provider offered full and clear information about the cost of the consultation and treatment including the cost of the medicine.

## Are services caring?

We rated caring as Good because:

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 seven patients who completed comment cards was positive about the way the provider treated people. Comments received talked about the support and information given at each consultation.
- The provider 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.
- The clinics were either on the ground floor or when on the first floor, lift access was available.

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 in easy read formats, to help patients be involved in decisions about their care.

•Patients told us through comment cards, that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. People also told us that they found the service very helpful towards them.

•The provider communicated with people in a way that they could understand, for example, easy read materials were available.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

•The provider recognised the importance of people's dignity and respect.

•Consultations took place in a private room where they could not be overheard.



## Are services responsive to people's needs?

We rated responsive as Good because:

### 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 provider was able to tell us that he had reviewed the opening hours of the clinics and although patients had requested additional clinic times he had determined that it would not be appropriate to deliver these.
- The facilities and premises were appropriate for the services delivered.
- The treatments available at the service were only available on a fee basis. However, information on alternative methods of weight loss, such as diet and exercise, were available free of charge.

### 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, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately. The provider told us that they rarely had to cancel a clinic and when this had to happen they made arrangements to inform patients and offer alternative dates or clinic venues.

- The clinics did not operate on an appointment system and patients could attend at any time during the advertised opening hours.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously. They told us that they had a system to look at them but had not received any.

- Information about how to make a complaint or raise concerns was available. The provider told us that they would treat patients who made complaints compassionately.
- The service had a system to inform 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 complaints policy and procedures in place.

# Are services well-led?

We rated well-led as Requires improvement because:

Leadership capacity and capability;

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

- The provider had effective processes to develop leadership capacity and skills,

Vision and strategy

The service had a clear vision to promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plan to achieve priorities. The provider told us about how they were looking to develop complementary services.

- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were processes for the provider to access the development they needed. This included appraisal and career development conversations as part of the provider's revalidation process.

- There was a strong emphasis on the safety and well-being of patients using the service.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. We saw that the provider had

conducted audits and monitoring of the delivery of the service. However, they had not recorded the actions to be taken, the timescales for the completion of actions or recorded if any actions had been completed.

- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. This included carrying out a visual check of the clinic premises before each clinic session and then recording this on a checklist.

Managing risks, issues and performance

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

- There was a limited process to identify, understand, monitor and address current and future risks including risks to patient safety.

- The provider had oversight of safety alerts, incidents, and complaints.

- Clinical audit had a limited impact on quality of care and outcomes for patients. There was limited evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Performance information was combined with the views of patients to support ideas to develop the service.

- The information used to monitor performance and the delivery of quality care was accurate.

- There were no plans to address any identified weaknesses.

- 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.

Engagement with patients.

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

- The service encouraged and heard views and concerns from patients. We saw that the provider had completed a customer satisfaction survey and assessed the results. They had taken the decision not to provide additional clinics as this would have an impact on the existing clinics.

## Are services well-led?

### Continuous improvement and innovation

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

- The provider was able to show us that they had a system to record and monitor incidents within the clinics. The provider told us that as no incidents had occurred, they could not show any learning from incidents.