

# Diet UK Bolton

## 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?

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 Diet UK Bolton to rate the service as part of our inspection programme.

Diet UK Bolton is a private clinic which provides medical treatment for weight loss for adults over the age of 18.

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Diet UK Bolton provides a range of non-surgical cosmetic interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic employs two doctors, one of whom 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.

22 people provided feedback about the service. All the feedback was positive. Patients told us staff were professional, caring, empathetic and listened. Patients described the clinic and facilities as clean and hygienic.

### **Our key findings were :**

- Patients felt supported by the service.
- The provider was completing audits to demonstrate weight loss over time.
- The new premises were appropriate to meet people's needs.

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.
- Update policy to ensure a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance, in the event that the provider cease trading.
- Review the feedback they request from patients to include more information about the consultation and treatment.
- Review audit of medical records to provide assurance of appropriate record keeping.
- Establish systems to ensure policies are reviewed appropriately.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

## Our inspection team

Our inspection team was led by a CQC Pharmacist Specialist. The team included a member of the CQC medicines team.

## Background to Diet UK Bolton

Diet UK Bolton offers a private weight reduction service for adults over the age of 18.

- The clinic is on the first floor of a shared building. The premises consists of a reception with a waiting area and two clinic rooms. The clinic is open for pre-booked appointments on Tuesdays from 11:00am to 2:00pm and on Wednesdays 12:00pm to 2:00pm and 4:00pm to 6:00pm.
- The clinic employs two doctors (one of whom is the registered manager) one receptionist and one senior receptionist.
- There is also a branch location (which is located in Preston town centre) open on Mondays and Wednesdays 10:30am to 1:30pm and patients can be seen at either location.

### How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection report and information from the provider. We spoke to the registered manager, doctor and receptionist 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?

## 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 policy provided relevant local information to support clinicians when making a referral.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse.
- 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.
- There was an effective system to manage infection prevention and control. The service had completed a Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- 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, 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.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- This is a service where the risk of needing to deal with a medical emergency is low. Clinicians had access to medicines and equipment to deal with medical emergencies which were in date. However, on the day of inspection the provider did not have a risk assessment to support their choice of medicines and equipment, and regular checking of the medicines and emergency equipment was not documented. The provider sent this to us following inspection.
- 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 both professional indemnity and public liability.

## 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 present available to relevant staff in an accessible way for the majority of patients. There had been an omission of documented weight for two of the medical records reviewed. The service provided an explanation and appropriate follow up for this.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service should ensure systems are in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## 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 service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines, and their own policy for safe prescribing.

## Are services safe?

- Processes were in place for checking medicines and staff kept accurate records of medicines.
- 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.

- The registered manager was aware of risk and after the inspection provided 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 would support them when they did so.
- There had not been any significant events since our last inspection, but there were adequate systems for reviewing and investigating when things went wrong.
- 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?

## Effective needs assessment, care and treatment

**We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight and body mass index and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service had a policy to support repeat prescribing. This policy ensured that people were seen in clinic every six months.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. (For example, the service reviewed a selection of records to determine average weight loss).
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. (For example, the service was completing an audit to review the effect of prescribed medicines on patients' blood pressure).

## 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) 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

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

- Patients received coordinated and person-centred care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history. The registered manager told us that patients would be signposted to more suitable sources of treatment 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 when they registered with the service.

## 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. Patients had access to a clinic information file in the waiting area. There were leaflets to provide patients with appropriate lifestyle information.
- Where patients' needs could not be met by the service, staff told us they would redirect 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.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback using a customer satisfaction survey.
- 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.**

- There was no support available to help patients with hearing or visual impairment, or those who did not

speak English, to understand their diagnosis and treatment. However, the doctor explained that the service had supported patients who were unable to read.

- Patients told us through the 22 comment cards received that they felt listened to and supported by staff. Patients said they 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. Comment cards were positive about 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?

## 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 had a mechanism to consider improvement to services in response to those needs.
- The registered manager showed us a patient feedback survey which was due to be repeated.
- The facilities and premises were appropriate for the services delivered.

## 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 and treatment.

- Patients reported that the appointment system was easy to use. The service would always try to accommodate walk-in patients, but this was not encouraged.
- Waiting times, delays and cancellations were minimal and managed appropriately.

## Listening and learning from concerns and complaints

### **The service knew how to deal with 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 and displayed in the patients waiting area.
- Staff were able to describe how they would deal with complaints compassionately.
- The service had complaint policy and procedures in place. The service had not received any complaints since the last inspection.



# Are services well-led?

## 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. Staff told us they had felt supported in the workplace.

## 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.
- 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.
- Staff were able to explain that openness, honesty and transparency should be 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 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. All staff received regular annual appraisals in the last year. Staff were

supported to meet the requirements of professional revalidation where necessary. Clinical staff 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

### 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.
- 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. However, some policies had passed their review date and, although still relevant needed a governance check.

## 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 decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

# Are services well-led?

## **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.
- The service used performance information which was reported, enabling leaders and staff to be 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 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.

## **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, patients and staff and considered them to shape services and culture.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service had a mechanism to make use of internal reviews of incidents and complaints. Learning would be shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.