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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 04 December 2018 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 not 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.

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 owner of the service 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.

10 people provided feedback about the service by completing CQC comment cards prior to our inspection. All of the comments we received were positive.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- The service had reliable systems for appropriate and safe handling of medicines.
- The service engaged in quality improvement activity, however this required improvement to ensure identified issues were addressed.

Summary of findings

- Staff treated patients with kindness, respect and compassion and involved patients in decisions about care and treatment.
- The facilities and premises were appropriate for the services delivered and patients were able to access care and treatment within an appropriate timescale for their needs.
- Some of the governance arrangements and processes for managing risks, issues and performance needed improvement.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- 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

Academy of Health and Diet

Detailed findings

Background to this inspection

Academy of Health and Diet is a private clinic in the centre of Blackpool which provides medical treatment for weight loss, and has been registered with CQC since January 2018. The clinic is open on Mondays from 3:00pm until 8:00pm, and Thursdays from 11:00am until 8:00pm. Consultations are provided on a walk-in basis; it is not possible for patients to pre-book appointments. The premises comprise of a reception and waiting area and two consulting rooms, which are all situated on the ground floor. There is a clinic manager, two receptionists and one doctor who carries out patient consultations.

Our inspection team was led by a CQC lead inspector. The team also included a member of the CQC medicines team. During our inspection, we interviewed staff, reviewed documents and made observations.

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.

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. However, the date of review was not always stated and some policies referred to staff who were no longer employed at the service.
- The service had systems to safeguard children and vulnerable adults from abuse. The safeguarding policy was regularly reviewed and was accessible to all staff. All staff received up-to-date safeguarding training appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment, however we found there were no references for one member of staff and no recruitment records at all for the cleaner.
- 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).
- There was evidence that clinicians were up to date with revalidation
- 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. A legionella risk assessment had been completed and required actions had been carried out.
- 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff had undergone life support training at a level appropriate for their role

- This is a service where the risk of needing to deal with a medical emergency is low. The clinician had access to emergency medicines, however a formal risk assessment had not been completed for the provision of medicines and equipment for use in a medical emergency. The provider sent us evidence this had been completed following our inspection.
- Clinicians had appropriate indemnity arrangements in place to cover all potential liabilities which may arise from their work at the service.

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 service had systems for sharing information with the patient's registered GP 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 service carried out limited audits to ensure prescribing was in line with best practice guidelines, however plans were in place to implement more thorough audits going forward.
- During consultations, the doctor 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 staff kept accurate records of medicines.

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

Are services safe?

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, lessons learned, and improvements made

The service had a good safety record and learned and made improvements when things went wrong. However, improvements were required in recording safety issues.

- There were comprehensive risk assessments in relation to safety issues, for example health and safety for staff and patients
- Staff understood their duty to raise concerns and report incidents and near misses to the clinic manager or doctor. However, there was no incident reporting policy or formal system in place for recording and acting on significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There had been no unexpected or unintended safety incidents in the last 12 months.
- Although the provider had received some patient safety alerts, for example those issued by the Medicines and Healthcare products Regulatory Agency (MHRA), it was not clear from the records in place which alerts were being referred to.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- Patients were initially assessed by the clinic manager and height, weight and BMI was recorded and if appropriate people were considered for treatment.
- The doctor then reviewed all patients and recorded relevant medical history, drug history and blood pressure, and documented this in the patient's clinic notes. If appropriate treatment was prescribed and supplied by the doctor.
- We looked at 12 patient medical records; patients' BMI was in the appropriate range for 10 patients who were provided with treatment. Two patients were declined treatment as their BMI was outside of the safe range stated in the provider's prescribing policy.
- An explanation of treatment was provided and this was supported by written information
- An appropriate clinical assessment including setting of treatment goals / target weight was seen on all the records reviewed.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service engaged in quality improvement activity, however this required improvement to ensure identified issues were addressed.

- The service completed audits of administrative and clinical activities quarterly. Although recommendations were made, there was no formal action plan to address shortfalls and no date of review or responsible person to ensure improvements were made
- The registered manager told us they had developed a new audit schedule which was more thorough. This was due to be introduced in January 2019. A named clinician would be responsible for ensuring actions had been completed under these new arrangements.

Effective staffing

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

- All staff were appropriately qualified to undertake their role
- Relevant medical and nursing professionals were registered with the General Medical Council (GMC) and 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. We saw that all staff had undergone mandatory training in life support, fire safety, safeguarding and safe management of medicines.

Coordinating patient care and information sharing

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

- Before providing treatment, doctors 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 who were declined medical treatment and provided with alternative support and information to lose weight.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. If they did not give consent, they were still provided with a written record of their treatment to share with other healthcare professionals if they wished
- Where patients did consent to the sharing of information, we saw examples of correspondence sent and received from their registered GP.

Supporting patients to live healthier lives

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

- Patients were given written information about medicines in the form of a patient information leaflet
- Patients were also provided with written information on eating healthily, which included guidance on food portion sizes and suggested diet plans
- People who were not suitable for medical treatment were still provided with advice and support free of charge

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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. Staff we spoke with explained how they would ensure a patient had the capacity to consent to treatment in accordance with the Mental Capacity Act.
- Where unlicensed medicines were prescribed, the implications of this were explained by the doctor, and we saw patient information leaflets that had been prepared to explain this.
- Before providing treatment, the provider gave patients details of the costs, including further treatments or follow up.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from completed comment cards was positive about the way staff treat people
- Staff displayed an understanding and non-judgmental attitude towards or when talking about patients who had a diagnosis of obesity
- 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, although the cost had to be covered by the patient.
- 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.
- Staff communicated with people in a way that they could understand, for example, large print leaflets and medicine labels could be made available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect and ensured consultations could not be overheard
- Staff told us 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?

(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.

- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people with a disability could access the consultation room at the front of the clinic in a wheelchair
- However, the provider had not carried out an analysis of the needs of their patients to ensure they were being met

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 ongoing appointments, including into the evening

- Help and advice was available by telephone during normal working hours on the days the clinic was not open for consultations
- Delays and cancellations were minimal and managed appropriately.

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.

- The service had complaint policy and procedures in place. Information about how to make a complaint or raise concerns was available for patients.
- 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.
- We reviewed one complaint and saw it had been managed in accordance with the complaints policy. The complaint had been adequately investigated, a satisfactory response provided to the patient, and systems changed to reduce the chance of reoccurrence.

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; Culture

Leaders had the capacity and skills to deliver high-quality care and the service had a culture of 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.
- The clinic manager was visible and approachable. They worked closely with staff to understand the challenges and develop ways of addressing them
- 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 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. All staff received regular annual appraisals.

Governance arrangements; Managing risks, issues and performance; Appropriate and accurate information

Some of the governance arrangements and processes for managing risks, issues and performance needed improvement.

- Staff were clear on their roles and accountabilities

- The manager had established proper policies and procedures to ensure safety, however some policies did not have a date of review or did not reflect the service being delivered
- Some recruitment checks had not been carried out
- The service had limited processes to manage current and future performance.
- Leaders had oversight of complaints, however there was no process in place to manage safety alerts or report and record incidents
- Clinical audit was undertaken, however there was little evidence of action to change services to improve quality.

Engagement with patients, the public, staff and external partners

The service did not always involve patients and staff to support high-quality sustainable services.

- The provider did not seek the views of patients when planning or reviewing the quality and effectiveness of the service
- There was no system in place to capture patient feedback. The manager told us a patient questionnaire was in the process of being implemented
- Staff meetings were ad-hoc and there were no minutes or notes to ensure actions were followed up appropriately

Continuous improvement and innovation

There was limited evidence of learning, continuous improvement and innovation.

- The service made use of internal reviews of complaints. Learning from complaints was used to make improvements.
- The manager did not encourage staff to take time out to review or develop the service
- Staff told us no changes or improvements had ever been made to the way they did their jobs

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Services in slimming clinics	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular: • Policies and procedures did not contain the date of review and did not always reflect the service being delivered • Some recruitment checks had not been completed • There was no formal incident reporting system or policy • The system to record and act on patient safety alerts required improvement • Systems to monitor care and treatment needed improvement to ensure identified issues are addressed