

# The Bodyline Clinic St Helens

## 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 The Bodyline Clinic Limited St Helens as part of our inspection programme to rate the service.

Bodyline St Helens is a private clinic which provides medical treatment for weight loss for adults over the age of 18.

One of the nurses 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.

39 people provided feedback about the service. All the feedback was positive. Patients told us staff were knowledgeable, polite and professional. The premises were clean and hygienic. Patients felt supported.

## **Our key findings were :**

- Patients felt supported and staff were professional.
- The provider had governance processes to share learning across all locations at the monthly clinical meeting.
- The clinic was clean and hygienic.

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.
- Improve audit review to ensure prompt follow up and consideration of outcomes.

## **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. The team included a member of the CQC medicines team.

## Background to The Bodyline Clinic St Helens

Bodyline St Helens is a private clinic which provides medical treatment for weight loss.

- The clinic comprises of a reception area and three consulting rooms situated on the ground floor.
- The clinic is open on Wednesdays from 4pm to 7pm and Saturdays 2pm until 5pm. The clinic provides an appointment for first time patients and a walk-in service for repeat visits.
- The clinic employs a clinic manager and five nurses.

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

We spoke to the registered manager, nurses and receptionist and reviewed a range of documents. We spoke to two patients and received 37 comment cards. To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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 medical director was the safeguarding lead, all staff were aware of local escalation processes if needed.
- 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. (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. A Legionella risk assessment had been carried out. (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. 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.
- A risk assessment had been carried out to determine suitable medicines and equipment to deal with medical emergencies. These were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## 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.
- Records were stored safely and securely.
- 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 declined treatment in line with protocols and 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 controlled drugs, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The annual audit for existing clients looked at 40 patient medical records. The audit identified ten records that had not recorded blood pressure within policy range, however this had not been investigated. The provider reviewed these records after the inspection and determined that the

## Are services safe?

audit parameters had not been followed for eight patients and only two had blood pressure out of policy. The learning from this was shared with the clinical team and was due to be discussed at the next clinical team meeting.

- The service prescribed Schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence) and had appropriate storage and records.
- Processes were in place for checking medicines and staff kept accurate records of medicines. There were effective protocols for verifying the identity of patients.
- 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 fire risk assessment had been updated following inspection feedback from another location.

- 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. 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 had investigated one incident, the patient had been involved in the investigation. The provider had reviewed a sample of records following inspection feedback from another location to identify whether 12 week reviews had been completed. These lessons learnt were shared at the clinical team meeting.
- 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

**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' 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.
- Arrangements were in place to deal with repeat patients. The policy ensured that people were reviewed at appropriate time intervals.
- Staff assessed and managed patients' pain where appropriate.
- A new digital system had been launched to support patients when away from the clinic. The service had changed how people signed up to this as a result of patient feedback. We spoke to two patients, but they had not used the system yet.

## 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 monthly to determine 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 had completed a 12 weekly review clinical audit for 20 patients. The audit identified that 100% of patients had achieved their target weight loss of 5% reduction. There was a mechanism for considering patients who had not lost weight and the reason would be considered.

## 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. We saw evidence of staff being supported to return to work after a break in service.
- Relevant professionals 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

**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, nurses 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.
- 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 saw evidence of letters sent for three patients who had consented.

## 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.
- The new online digital support for patients contained information to support patients to live healthier lifestyles. This included diet advice, exercise and fitness and support from a lifestyle coach. We spoke to two patients who were aware of this but had not used it fully.
- A new incentives scheme had been implemented to support people to continue with the programme.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Are services effective?

### 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. Staff told us how they would assess 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 on the quality of clinical care patients received
- Feedback from patients was positive about the way staff treat people. A recent survey of 32 patients stated that all were satisfied and 93% of people were very satisfied with the service. Patients had requested extra clinics or extended opening times.
- 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 would be made available, if requested for patients who did not have English as a first language.
- We received 37 comment cards and spoke to two patients. Patients told us through comment cards, that they felt listened to and supported by staff. That staff were knowledgeable and gave positive advice.

## 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?

## 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.

## 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients reported that the appointment system was easy to use, the service was reviewing this to allow people to book online.

## 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 were able to describe how they would deal with complaints compassionately.
- The service had complaint policy and procedures in place.
- The service had a mechanism to share any learned lessons from individual concerns, complaints. There was a process to analyse and identify trends at other locations via the clinical managers meeting.

# 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.
- 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.
- 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.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The incident that was investigated involved the patient.
- 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, 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 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.

## 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 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.
- Information about how to make a complaint or raise concerns was available.

## Are services well-led?

- Staff were able to describe how they would deal with complaints compassionately.
- The service had a complaint policy and procedures in place.
- The service had a mechanism to share any learned lessons from individual concerns, complaints. There was a process to analyse and identify trends at other locations via the clinical managers meeting.
- Results of audits were discussed monthly at the clinical meeting ensuring leaders had oversight. As a result of inspection feedback from another location an audit of records had been carried out to confirm break in treatment after 12 weeks continuous treatment.

### 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.
- 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 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, staff and external partners and reviewed them at the clinical monthly meeting.
- Staff could describe to us the systems in place to give feedback. A survey of 32 patients had been carried out. 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 were 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. All incidents and complaints from across the organisation were shared at the monthly clinical management meeting
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.
- We saw the recent implementation of the digital platform to support patients outside of clinic hours. There were plans to audit this and identify patient feedback.