

New Leaf Healthcare Limited

New Leaf Health Care Limited – Leeds Clinic

Inspection report

Duncan House
14 Duncan Street
Leeds
West Yorkshire
LS1 6DL
0113 244 8866
www.newleafhealthcare.org

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Overall summary

We carried out an announced comprehensive inspection on 26 January 2016 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

Background

New Leaf Healthcare Limited is located in a shared building in Leeds City Centre, and has been in operation since 1988. The service comprises of reception and office areas and one clinic room, all with disabled access. A toilet facility is available outside the clinic premises in the main building. There are three clinicians, two receptionists and a 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run). Slimming and obesity management services are provided for adults from 18 to 65 years of age either by appointment or on a 'walk-in' basis.

15 people provided feedback about the service before and during our inspection.

Our key findings were:

Summary of findings

- Staff knew how to raise concerns and report safety incidents. Information about safety was recorded and reviewed, and appropriate action taken in response to incidents.
- Staff were appropriately trained and supported to learn and develop through supervision and appraisal.
- Patients told us they were treated with consideration, dignity and respect and involved in decisions about their care and treatment.
- The service was well led with appropriate policies and procedures in place to govern activity

There were areas where the provider must make improvements and must:

- Ensure that robust systems and processes are in place to prevent abuse of service users

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

- Ensure that equipment is regularly calibrated according to the manufacturer's instructions
- Consider installing hand washing facilities in the clinic room
- Review the interpretation services offered to clients who speak another language, and the reasonable adjustments made for disabled patients to ensure they are not disadvantaged compared with non-disabled people, for example those with hearing impairment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Arrangements were in place to record safety incidents, clinical errors, and near-misses and we saw evidence of shared learning resulting from these. There was a named lead for safeguarding and there was a policy in place to ensure all staff knew how to report concerns. The premises were clean and tidy and there was an infection control policy in place. The premises were in a good state of repair, however weighing scales and blood pressure monitoring equipment in the clinic room had never been calibrated. Medicines were stored and dispensed safely.

Are services effective?

We found that this service was providing effective services in accordance with the relevant regulations.

Comprehensive assessments of each patient took place before medicines were prescribed and there was a protocol in place which set out clear thresholds for treatment. Patients were provided with written information about medicines in the form of a patient information leaflet, as well as information about diet and exercise.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Staff were friendly, helpful and caring, and treated people with dignity and respect. People felt involved in decision making about their care and the treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

The facilities were appropriate to meet people's needs and premises were accessible to patients with mobility difficulties. The clinic did not provide a hearing loop for patients with

Summary of findings

hearing difficulties and written information was not available in any other languages; the clinic did not have access to interpreter services. People found it easy to get in contact with the clinic and arrange an appointment that suited them.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

A number of policies and procedures in place to govern activity at the clinic. The provider was aware of and complied with the requirements of the Duty of Candour. There were systems in place for knowing about notifiable safety incidents. Staff told us that they felt engaged and included, and that their views were taken into account in the planning and delivery of the service.

New Leaf Health Care Limited – Leeds Clinic

Detailed findings

Background to this inspection

We inspected this service as part of our new comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, under the Care Act 2014.

Before visiting, we reviewed a range of information we held about the clinic which included information from the provider. The inspection was conducted by a CQC lead inspector and a pharmacist specialist.

We talked to people using the service, interviewed staff, made observations, and reviewed documents during the inspection.

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

Reporting, learning and improvement from incidents

Arrangements were in place to record safety incidents, clinical errors, and near-misses and we saw evidence of shared learning resulting from these. Medical staff reviewed and signed records to confirm action had been taken to prevent recurrences. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Reliable safety systems and processes (including safeguarding)

The registered manager was the named lead for safeguarding and there was a policy in place to ensure all staff knew how to report concerns. The safeguarding lead told us what action they would take in the event of a safeguarding concern. None of the staff or clinicians had undertaken specific safeguarding training but told us what action they would take. Individual patient records were accurate, up to date, and stored securely in the clinic.

Staffing

We looked at employment records for five staff and found appropriate recruitment checks had been undertaken prior to them being employed. For example, proof of identity, professional qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service (These 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). We were told that a chaperone was available, however this information was not displayed in the waiting area or clinic room and none of the staff had undertaken chaperone training.

Infection control

The premises were clean and tidy, and patients told us they always found the clinic to be clean and hygienic. There was a policy in place detailing the cleaning schedule which was performed once-weekly by an employed cleaner and overseen by the registered manager. There were suitable supplies of sterile gloves and alcohol gel in the clinic room. The doctor told us they usually performed a physical

examination during consultations, however there was no sink for handwashing on the premises. There was a sink, liquid soap, and paper towels available in the toilet which was situated outside the clinic premises in the main building.

Premises and equipment

The premises were in a good state of repair and there was information displayed in the reception area about what to do in the event of a fire. There was a fire evacuation procedure in place and adequate firefighting equipment which had been recently serviced. Portable appliance testing was up to date. We found weighing scales and blood pressure monitoring equipment in the clinic room had never been calibrated and there were no records or risk assessments in place. This meant we could not be sure the measurements being recorded during consultations were accurate. We were provided with evidence that the weighing scales had been calibrated following our inspection.

Safe and effective use of medicines

Doctors at the service prescribed the appetite suppressants Diethylpropion Hydrochloride and Phentermine. Diethylpropion Hydrochloride Tablets 25mg and Phentermine modified release capsules 15mg and 30mg have product licences and the Medicine and Healthcare products Regulatory Agency (MHRA) have granted them market authorisations. The approved indications are “for use as an anorectic agent for short term use for the adjunct treatment of patients with moderate to severe obesity who have not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided.” For both products short-term efficacy only has been demonstrated with regard to weight reduction.

Diethylpropion and Phentermine are not currently recommended for the treatment and management of obesity by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians (RCP). The British National Formulary states that these medicines are centrally acting stimulants that are not recommended for the treatment of obesity.

There was a comprehensive medicines policy in place which covered obtaining, recording, storing, prescribing, dispensing and disposal. Medicines were stored securely in line with legal requirements, and under the personal

Are services safe?

control of the doctor. We saw detailed records of the ordering, receipt and prescribing of medicines. A robust procedure was in place to check the balance of medicines each day, as well as a fortnightly balance check performed by the registered manager and overseen by the lead clinician. Medicines were dispensed by the doctor

according to the clinic protocol and were packaged and labelled in accordance with legal requirements and good practice recommendations. Appropriate records of supplies were made in patients' notes at the time of dispensing.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

We saw evidence that a comprehensive assessment of each patient took place before medicines were prescribed. This included a full medical history, blood pressure and pulse rate, measurement of body-mass index (BMI) and a general medical examination. During the initial consultation, the doctor discussed the patient's eating habits, recommended calorie intake, and exercise. Written information was provided on diet and exercise, and we saw examples of these. The doctor also checked for contraindications to treatment such as heart disease, high blood pressure, glaucoma, thyroid disorders and pregnancy.

There was a protocol in place which set out clear thresholds for treatment; initially medicines could be prescribed for patients with a BMI of 30 or greater, or 27 or greater if the patient had co-morbidities such as diabetes, osteoarthritis, or a high percentage of body fat. Before prescribing medicines, the doctor discussed appetite suppressants, explained how they should be used and what the side effects could be. Patients were also provided with written information about medicines in the form of a patient information leaflet produced by the manufacturer.

We checked six sets of patient records and saw regular reviews of weight, BMI, blood pressure and pulse rate were recorded. Patients were given limited supplies of medicines and we saw evidence that some patients were given a break from treatment after 12 weeks. However, this was variable and the prescribing protocol stated treatment could be continued beyond this time at the doctor's discretion after discussion with the patient.

Staff training and experience

There were three doctors who worked at the clinic, one of whom was the lead clinician. The lead clinician was a member of the Obesity Management Association and had undertaken Specialist Certification of Obesity Professional Education (SCOPE). We saw records showing all clinicians had undertaken continuing professional development (CPD) related to obesity and weight management. We were told clinicians were supported to learn and develop through supervision and appraisal, and we saw audits of clinical practice conducted by the lead clinician and the registered manager. For example, a sample of patients' notes was routinely reviewed to ensure compliance with the prescribing protocols. All staff received an annual appraisal and we saw records which confirmed this.

Working with other services

People were asked before treatment commenced if they would like their GP informed. If they agreed to this they were given an information letter detailing the medication and treatment given. The prescribing protocol stated patients should be referred to their GP if they were unsuitable for treatment, for example because of high blood pressure.

Consent to care and treatment

Consent was obtained from each patient before treatment was commenced. The doctor we spoke with explained how they would ensure a patient had the capacity to consent to treatment in accordance with the Mental Capacity Act. The patient declaration included information that phentermine and diethylpropion were produced under a special licence and were not recommended by NICE or RCP. Patients had to sign to confirm they understood the treatment plan, possible side effects of the medicine, and had received a medicine information leaflet before appetite suppressants were prescribed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the service. We received 13 completed cards and all were positive about the service. Patients said they felt the clinic offered an excellent service and staff were friendly, helpful and caring, and treated them with dignity and respect. Staff and patients told us that all consultations were carried out in the privacy of a consulting room and an area was available away from the reception and waiting area for confidential discussions.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive and discuss any concerns with the doctor.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The facilities were appropriate to meet people's needs, and patients were provided with relevant information and guidance on healthy eating and exercise. We were told that doctors usually worked on the same days of the week which meant patients could usually plan appointments to see their doctor of choice.

Tackling inequity and promoting equality

The premises were accessible to patients with mobility difficulties; there was a lift and doorways and corridors were wheelchair friendly. The clinic did not provide a hearing loop for patients with hearing difficulties and written information was not available in any other languages; the clinic did not have access to interpreter services.

Access to the service

The clinic ran from 9:30am to 1:30pm on Tuesday, Thursday and Friday, and from 9:30am until 1:00pm every other Saturday. Staff were available for enquiries and booking appointments from 9:00am to 3:00pm Monday to Friday. Patients could also attend the clinic without an appointment as a walk-in service. People we spoke with said they found it easy to get in contact with the clinic and arrange an appointment that suited them.

Concerns & complaints

The provider had a policy and procedure in place for handling concerns and complaints, and there was publicised information available about the steps people could take if they were not satisfied. We were told there had been no complaints received in the last 12 months.

Are services well-led?

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

Our findings

Governance arrangements

The clinic had a number of policies and procedures in place to govern activity and these were available to the clinicians who worked there. There was a senior clinical lead who was responsible for the safe management of medicines, supported by the registered manager. Practice was regularly audited and reviewed by peers to ensure compliance with policy including clinical care, prescribing, and consultation notes. We saw examples of steps taken in response to issues that had been identified, including learning from poor practice.

Leadership openness and transparency

The provider was aware of and complied with the requirements of the Duty of Candour. Observing the Duty of

Candour means that people who use services are told when they are affected by something that goes wrong, given an apology, and informed of any actions taken as a result. The registered manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

Provider seeks and acts on feedback from its patients, the public and staff

Patient views were sought in the form of comment cards which were available in the reception area. We were told that all of the comments were positive and no service improvements had been suggested by people who use the service. Staff told us that they felt engaged and included, and that their views were taken into account in the planning and delivery of the service.

This section is primarily information for the provider

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have robust systems and processes in place to prevent abuse of service users