

ABL Health Limited

Inspection report

71 Redgate Way
Farnworth
Bolton
BL4 0JL
Tel: 01204570999
www.ablhealth.co.uk

Date of inspection visit: 20 July 2021
Date of publication: 14/10/2021

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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as good overall. (The previous inspection in November 2018 was not given a rating because that was not a part of the CQC procedures at the time).

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 ABL Health Limited as part of our inspection programme and to give the service a rating.

During this inspection on 20 July 2021 our key findings were:

- There was an open and transparent approach to safety and systems in place to report and record incidents.
- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- There were systems to assess, monitor and manage risks to patient safety.
- The service was actively involved in quality improvement activity.
- Staff worked together, and worked well with other organisations, to deliver effective care and treatment.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The service had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Staff should be clear on the protocol about how to deal with medical emergencies when providing a virtual session.

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 lead inspector and included a second CQC inspector.

Background to ABL Health Limited

The service is run by a private organisation named ABL Health Limited. The provider registered with CQC in 2014 to provide the regulated activity of treatment of disease disorder or injury.

The service address is:

71 Redgate Way

Farnworth

Bolton

Lancashire

BL4 0JL

The website address is www.ablhealth.co.uk

Opening times:

Monday to Friday: 8.30am to 9.00pm with some services carried out at weekends.

ABL Health is provided by ABL Health Limited. The service provides a range of activities including clinical care, adult and family weight management, physical activity, integrated wellness, smoking cessation and children's services including intensive positive behavioural support.

ABL Health Limited is registered with the Care Quality Commission to provide an independent weight management and specialist nutrition service. This inspection focuses on this part of the service only.

The head office is based in Bolton, Greater Manchester. The provider carries out the regulated activity at different community venues across Merseyside, Greater Manchester, Nottinghamshire, the Northeast and Lincolnshire.

The clinics are run by a variety of support professionals which include doctors, lifestyle coaches/advisors, psychologists, dietitians and nutritionists, and community engagement staff. The clinical team are supported by a registered manager, governance lead, business manager, information technology staff and administration staff.

Choose to Change (C2C) is a weight management behavioural change programme that adopts additional psychotherapy methods to support the weight loss programmes and encourage lifelong change. It helps people to break down barriers to sustained weight loss, become more active and make positive food choices. The course is part of the patient's ongoing bariatric treatment. (Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity).

The Medical Director is the acting 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.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising because of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.

- Shorter site visits.
- Remote interviews with staff via telephone or video call.
- Reviewing a sample of audits.
- Asking the provider to share details with people using the service to give feedback on care via the CQC website.

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 because:

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

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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and ongoing refresher training. The service had systems to safeguard children and vulnerable adults from abuse.

Safeguarding concerns were monitored. Trends and patterns were identified with action plans developed to minimise the risk of issues reoccurring.

The service had systems in place to assure that an adult accompanying a child had parental authority.

The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

The Safer Recruitment Checks were used by the organisation and are based on the NHS Employment Check Standards to ensure the right person is recruited for the role.

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 required level three training had been identified and plans put in place.

There was an effective system to manage infection prevention and control.

The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

The provider carried out appropriate environmental risk assessments, which 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.

There were arrangements for planning and monitoring the number and mix of staff needed.

Are services safe?

There was an effective induction system for staff tailored to their role.

Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

There was suitable equipment to deal with medical emergencies which were stored appropriately and checked regularly. Staff carried first aid kits when providing face to face sessions. However, there was not a clear protocol for staff to deal with medical emergencies when providing a virtual session.

When there were changes to services or staff the service assessed and monitored the impact on safety. Action was taken to mitigate any identified risks to ensure staff and patient 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. Records were audited for completeness and accuracy.

The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

The only medicine prescribed directly by the service was nicotine replacement medicines in line with best practice, otherwise the GPs working at ABL made recommendations about medicines to the patients' own GP. This was managed in keeping with best practice guidance.

The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Staff gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

There were comprehensive risk assessments in relation to safety issues.

Are services safe?

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. For example, health and safety risk assessments and checks were completed in relation to fire safety, managing COVID 19 and the easing of lockdown restrictions in view of the current pandemic. When risks were identified, action was taken to mitigate these risks.

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 supported them when they did so.

Significant events were monitored for trends and patterns so that areas for improvement can be identified and addressed.

There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons from identified themes and took action to improve safety in the service. For example, a patient had not received their appointment for therapy. This was analysed and found that due to staff sickness this had been overlooked. As a result, a job-share type arrangement was put in place to avoid this happening again.

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?

We rated effective as good because:

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

Effective needs assessment, care and treatment

The provider had systems to keep staff at all levels up to date with current evidence based practice. We saw evidence that staff assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance.

Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

Staff had enough information to make or confirm a diagnosis.

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

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements. There was ongoing monitoring of all aspects of the service to ensure patients received the care and support they needed, and the service was accessible to patients with different care needs. For example, staff were provided with specialist training such as autism awareness.

The service made improvements using completed audits. Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, audits were carried out in ensuring all staff had completed their induction training to ensure they had completed the necessary training and were fully aware of their responsibilities.

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 to ensure they were aware of their responsibilities and knew what was expected of them.

The organisation has a team of volunteers who work with the staff to support patients in the groups they attend. Security checks are completed and a member of staff had discussed their role and responsibilities. They were also provided with a staff handbook and staff training to support them in their role.

Regular checks were completed to ensure relevant professionals were registered with their governing body.

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.

Are services effective?

Staff spoken with were clear about the role and responsibilities. They were well informed about the organisation's structure and kept up to date with ongoing changes and developments.

Coordinating patient care and information sharing

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

The provider had a secure IT system to coordinate patient care and to share information. Systems were in place for communications with the patient's GP.

Before providing treatment, the doctors and other health care professionals ensured they had adequate knowledge of a patient's health, any relevant test results and their medicines history.

Patients received coordinated and person-centred care. Staff referred to, and communicated effectively, with other services when appropriate. For example, patients' GP.

Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health and medical 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.

The provider had risk assessed the treatments they offered. Patients completed a risk assessment before taking part in the physical activity which triggers additional approval from their own GP as necessary.

Care and treatment for patients in vulnerable circumstances was coordinated with other services.

Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on patients who had been referred to other services.

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.

As part of an agreed package of care, staff gave patients information and advice so they could self-care. This was particularly relevant considering the COVID pandemic. Additional risk factors were identified, highlighted to patients and where appropriate their GP.

Where patients need could not be met by the service, staff 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.

Are services effective?

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?

We rated caring as good because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

The service sought feedback on the quality of the service patients received. Feedback from patients made directly to the service was very positive about the way they were treated. Patients with complex needs said the staff were very professional and knowledgeable about their care needs. They said they adapted the service to meet their needs in the light of these complexities.

Patients contacted the CQC before the inspection with their views of the service they received. Patients reported they received and appreciated regular telephone support between the groups they attended. They commented that they felt listened to and supported by staff and had enough time during meetings to make an informed decision about the choice of treatment available to them.

Staff displayed an understanding and non-judgmental attitude to all patients. During discussions staff demonstrated they were clear on the organisation's ethos of ensuring patients remain at the heart of the service. They explained how they adapted the service to ensure patients' needs were met.

The service gave patients timely support and information. Staff take the time to interact with patients who use the service and those close to them in a respectful and considerate way.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

Staff communicated with people in a way that they could understand. For example, interpretation services were available for patients who did not have English as a first language.

Patients were asked for feedback at the end of their treatment. The feedback provided was positive. Patients said they were well informed about the sessions they attended and found the question and answer sessions very helpful. They said they received good support and advice which was reassuring.

This feedback was analysed and used to improve the service. For example, the service planned to offer sessions using British sign language to meet the needs of a patient group.

Privacy and Dignity

The service respected patients' privacy and dignity.

Staff recognised the importance of maintaining patients' dignity and respect.

Are services caring?

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room or virtual room to discuss their needs.

Staff made sure they were in a private space that could not be overheard when leading a virtual session.

Are services responsive to people's needs?

We rated responsive as good because:

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

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. During the pandemic, the service offered virtual sessions. Clients responded positively to this. The service plans to offer a blended virtual and face to face approach in the future.

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 plan.

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

Referrals and transfers to other services were undertaken in a timely way. The service held three multidisciplinary team meetings each month to discuss patient pathways and ensure they were referred appropriately and in a timely way.

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 treated patients who made complaints compassionately.

The service had a complaints policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted, as a result, to improve the quality of care. The service completed an audit of complaints from April 2020 to April 2021. Complaints to all services were included and segregated to formal (written) and informal (verbal), in line with definitions within ABL's complaints policy. A thematic review was included to understand the nature of the complaints. Compliance with response times as defined within ABL's complaints policy was included. An action plan was developed from the themes identified. One action was to develop measures to ensure that clients receive nicotine replacement therapy (NRT) on time. The actions were assigned to a lead and given a deadline for completion.

Are services well-led?

We rated well-led as good because:

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

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 their priorities.

The service developed its vision, values and strategy jointly with staff and relevant partners.

Staff confirmed they were aware of, understood and were kept informed about the organisation's 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 told us they felt respected, supported and valued.

The service focused on the needs of patients and its ethos underpinned all future developments.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values. A staff disciplinary procedure was in place to manage and support staff in these circumstances.

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.

Are services well-led?

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 annual personal development plans and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff 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.

The organisation has completed an annual report on Equality, Diversity & Inclusion in Stockport with reference to client referrals. This compared the demographics of the local population to ensure the services are fully and equitably and accessible to everyone.

There were positive relationships between staff and teams.

Governance arrangements

There was 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

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. The service focused on a policy a month in team meetings to refresh staff knowledge.

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 staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.

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 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 patients, staff and external partners and acted on them to shape services and culture.

Staff could describe to us the systems in place to give feedback. 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 was evidence of 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.

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 for the continuing success of any organisation. For example, the organisation works within a quality assurance framework which ensures that 'the right things are being done for the right reasons in the right way - from the start'.

Are services well-led?

The organisation has a team of volunteers who work with the staff to support patients in the groups they attend. Security checks are completed and a member of staff had discussed their role and responsibilities. They were also provided with a staff handbook and staff training to support them in their role.