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# Bishops Green Cottage

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 1 October 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 not 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.

Bishop's Green Cottage operates three satellite clinics where it provides advice and treatment to assist people to manage and lose excess weight. Treatments include diet management and the use of appetite suppressants.

12 people completed CQC comment cards prior to our inspection to provide feedback about the service. Patients told us that they felt they always received good care and felt respected.

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

- The facilities were appropriate to meet people's needs
- Staff were caring and supportive
- The provider was open about his vision for the service
- The provider did not have systems in place to record risk assessments carried out at clinic premises
- The provider did not have a system in place to monitor when training needed to be refreshed

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.

# Summary of findings

- Establish systems and processes to effectively ensure service users are protected from abuse and improper treatment 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:

- Review and improve the way in which medicines are disposed of from the clinic
- Review the prescribing of medicines and only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available
- Review the way in which translation services are provided at the clinics
- Review the way in which they record assurance from landlords around the safety of premises used.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Bishops Green Cottage

## Detailed findings

### Background to this inspection

Bishop's Green Cottage is a private clinic which provides medical treatment for weight loss and has been registered with CQC since October 2010. The clinic is operated by the provider who is a doctor with occasional assistance at the satellite locations.

The clinic delivers regulated activities at three satellite addresses;

- Wood Green Slimming Clinic, St Raphael Centre, Bounds Green Road, N22 8HE on alternate Thursdays 11:30 to 18:00;
- Staines Slimming Clinic, The Community Centre, Thames Street, Staines, TW18 4EA on alternate Wednesdays 11:00 to 18:00;
- Worthing Slimming Clinic, The Charmandean Centre, Forest Road, Worthing, BN14 9HS on alternate Thursdays 11:30 to 18:15.

We did not visit these satellite addresses as part of this inspection.

The inspection was carried out on 1 October 2018.

Our inspection team was led by a CQC pharmacist specialist, and included a member of the CQC medicines team.

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 did not have clear systems to keep people safe and safeguarded from abuse.

- The provider told us they conducted visual safety risk assessments at the locations but did not have formal records of these assessments. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider did not carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider had not undertaken any checks on people who were not being paid to assist them or undertaken a risk assessment of this. Disclosure and Barring Service (DBS) checks were not 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 had not received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead had not undertaken an increased level of training for either adult or children's safeguarding. The Doctor had received safeguarding training for vulnerable adults and children to level 2. Those spoken with knew how to identify and report concerns.
- The provider told us that they carried alcohol hand gel which they would use before any patient contact in the clinic. The provider relied on the building landlords to provide them with reassurance that a legionella risk assessment had been completed (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria). The provider did not have a copy of this risk assessment.

### Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- The provider told us that they normally operated the clinic single handed although on some occasions they did have administrative assistance.

- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They could tell us the action that they would take in the event of a medical emergency. We saw that the provider had previously undertaken Basic Life Support training but the certificate had lapsed. They told us that they were looking to complete a refresher course but this had not happened at the time of the inspection. The provider told us they did not currently hold any emergency medicines as no medicines were administered by them during the clinic sessions. However, they did tell us that they were considering changing this because of recent publicity about anaphylactic reactions.
- The provider could show us the assessment that they had carried out when moving to a new satellite location. This showed that the provider had assessed the suitability of the new premises for the delivery of the clinic services.
- We saw that the provider had made suitable insurance arrangements for both their professional practice and for public liability cover.

### 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 the provider in an accessible way.
- The service had a system in place to retain medical records in line with the Department of Health and Social Care guidance
- The provider made appropriate and timely referrals in line with protocols when patients attended with untreated medical conditions

### Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment did not minimise risks. We found that the service did not have arrangements in place to show that medical equipment was serviced or calibrated in

# Are services safe?

accordance with the manufacturer's directions. The provider did not have systems or documentation in place to allow for the destruction of out of date or spoilt medicines.

- The doctor prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements. Processes were in place for checking medicines and the service kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear documented rationale for this that protected patient safety.
- Some of the medicines this service prescribed for weight loss were 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

The service had a good safety record and the provider could show us that no incidents had occurred in the last 12 months.

- There were comprehensive risk assessments available in relation to safety issues but these were not routinely completed.
- 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.
- There were adequate systems for reviewing and investigating when things went wrong. The provider told us that they had not had any incidents in the time that they had been operating the service.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider had systems to keep themselves up to date with current evidence based practice. We saw evidence that the provider assessed needs and delivered care and treatment in line with current legislation.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. We saw that during initial consultations a medical and medicine history was taken. We also saw that physical measurements of height, weight and blood pressure were taken. Information was also recorded about patients' dietary habits. We checked 15 patient records and could confirm that this information was present. We also saw that a Body Mass Index (BMI) was also calculated at the initial and all subsequent consultations.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. We saw that patients were given appropriate treatment breaks after 12 weeks of treatment. Where patients returned to the service after a break, we saw that they were asked to confirm if there had been any changes to their medical condition and a full assessment was carried out.

### Monitoring care and treatment

The service was involved in limited quality improvement activity.

- The service had started to collect information about care and treatment to make improvements. We saw that the provider had completed a review of patient's initial weight and weight after treatment. They had recorded the weight loss or gain for each patient but had not undertaken any further work to assess the effectiveness or otherwise of the treatment provided.

### Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained but these showed that some of these required updating. People working with the doctor were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

The provider worked to deliver effective care and treatment.

- Patients received person-centred care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history. We saw examples of patients being signposted to their GP where the treatments used in the clinic were not suitable.
- 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 did not see any evidence that sharing had taken place. If patients did not consent to this information sharing they were encouraged to share information about their treatment with their GP.
- The provider had risk assessed the treatments they offered.

### 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. This included information about exercise and dietary advice.
- Risk factors were identified, highlighted to patients. 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?

(for example, treatment is 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 provider supplied patients with information leaflets for the medicines which included information about these being unlicensed specially manufactured medicines.
- The service monitored the process for seeking consent appropriately.
- The service offered full and clear information about the cost of the consultation and treatment including the cost of medicines.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people. Comments received talked about the support and information provided at each consultation.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. This was reflected in the comments received.
- The service gave patients timely support and information.
- The clinics were either on the ground floor or when on the first floor lift access was available.

### **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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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. People also told us that they did not feel hurried during their consultation.
- Staff communicated with people in a way that they could understand, for example easy read materials were available.

### **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.
- Consultations took place in a private room where they could not be overheard.



# 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 provider understood the needs of their patients and improved services in response to those needs. When the provider had additional support to assist them running the clinic this person would offer their mobile number to people who were unable to wait at busy times. They could then call back to see if the clinic was less busy.
- The facilities and premises were appropriate for the services delivered.
- The treatments available at the service were only available on a fee basis. However, information on alternative methods of weight loss, such as diet and exercise, were available free of charge.
- The provider did not offer hearing loops or a translation service. The doctor told us that they would rely on family members or friends to provide a translation service.

### Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The clinic ran in the locations regularly. The service did not operate an appointments system and patients could attend at any time during the advertised opening hours.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where cancellation of a clinic happened, the provider made arrangements to email patients to explain this and to offer alternative dates or clinic venues.

### Listening and learning from concerns and complaints

The provider told us that they had a system to look at complaints and concerns, but had not received any.

- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately.
- The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.

# 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**

- The provider was aware of the need for openness and honesty with patients if things went wrong, and would comply with the Duty of Candour. Observing the Duty of Candour means that patients who use the service are told when they are affected by something that goes wrong, given an apology and informed of actions taken as a result.

### **Vision and strategy**

The provider and staff we spoke with strived to provide high quality care.

- The provider told us about how they were developing a long-term strategy which may include further services being offered.

### **Governance arrangements; managing risks, issues and performance; appropriate and accurate information**

There was not a comprehensive set of policies and procedures available to govern all the activities at the clinic and some of these needed review.

- There were arrangements in place for identifying risks but the assessment forms were not always completed

meaning that the provider did not have assurance that risks were safely managed. The provider relied on the landlords of the premises carrying out risk assessments and fire drills but did not record that they had checked these had been completed.

- There was a process of audit that was being developed to look at the effectiveness of the treatments offered but this had not yet been reviewed.
- The provider had not identified the gaps in recruitment records or the need to service and maintain medical equipment.

### **Engagement with patients, the public, staff and external partners**

We saw that the provider sought feedback from patients.

- The feedback received did not highlight any concerns or improvements to be made.

### **Continuous improvement and innovation**

The provider told us that no incidents had occurred, meaning that they could not show any learning from incidents.

The provider told us that they had started a process of better monitoring of weights which could lead to offering different treatments to patients

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The provider did not have evidence of appropriate employment checks for staff working at the clinic.</p> <p>Risk assessments and safety checks relating to the premises used were not recorded</p> <p>There was no system to calibrate equipment used in the clinic.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems and processes established to effectively to ensure service users are protected from abuse and improper treatment in accordance with the fundamental standards of care.</p> <p><b>In particular:</b></p> <p>The provider had not made arrangements for people working at the service to receive appropriate training</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.