

New Start Slimming Clinic

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 to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall. (As a new service, not previously inspected).

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 our first announced comprehensive inspection at New Start Slimming Clinic as part of our inspection programme following the registration of a new service.

New Start Slimming Clinic is located in Bradford, West Yorkshire. It provides a face to face weight loss service with a clinician, including the prescribing of medicines for the purposes of weight reduction.

The service manager 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.

Our key findings were:

- There was an effective system to manage infection prevention and control and additional measures were put in place due to COVID-19 to keep people safe.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Feedback from patients who completed the service's own patient survey, was positive about the way staff treated people.
- Patients received person-centred and holistic care and were advised not to rely on medicines alone.

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

- The service should record the discussion and decision to prescribe an unlicensed medicines where alternative licensed medicines are available
- Carry out quality improvement activities to demonstrate positive clinical outcomes for patients.
- Review how records are made to ensure consistent delivery of safe care and treatment to patients.

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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 another member of the CQC medicines team.

Background to New Start Slimming Clinic

The provider was registered by CQC on 7 August 2020 in respect of the regulated activity of Services in slimming clinics. However, due to COVID-19 the service was not always operating from the time of registration, in line with government guidelines.

New Start Slimming Clinic is an independent slimming clinic located on a high street in Bradford, West Yorkshire. The reception and waiting area are situated on the ground floor and there is one consulting room located on the lower ground floor, which is accessed via stairs only. The clinic can be reached by public transport, and there is paid parking available close to the clinic.

The weight loss service, including the prescribing of medicines for the purposes of weight loss, are provided under the supervision of a clinician. All consultations are carried out face to face with a clinician. There were three regular locum clinicians (two male and one female), the service manager and one administration staff. The service is available to adults aged 18 and over. The clinic is open on Tuesday, Wednesday and Friday between 9.30am and 1.30pm and alternate Saturdays between 10am and 2pm. The clinic is closed on Mondays, Thursdays and Sundays.

How we inspected this service

During the inspection we spoke to the service manager, clinical and reception staff, and reviewed a range of documents.

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

Safety systems and processes

The service had 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 locum clinicians. 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 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 in line with the providers policy. (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. The service did not provide chaperones.
- There was an effective system to manage infection prevention and control. Records were maintained to show that cleaning was carried out and checked before each clinic session. Additional measures had been put in place during COVID-19 pandemic including hand-gel at the entrance, all touch-point surfaces were wiped down before a new patient arrived and restricting the number of people in the clinic.
- 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. For example, there was always a clinician and at least one administration staff on the premises during clinic open times.
- There was an effective induction system for agency staff tailored to their role. All three doctors working at the clinic were from an agency and all had received the clinic's induction.
- Staff understood their responsibilities to manage emergencies and were aware that the clinic policy was to call the emergency services if needed. The doctors were trained in basic life support.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- The service had carried out a risk assessment and determined that it was not necessary to keep the emergency medicines recommended in national guidance. This is a service where the risk of medical emergency is low.

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 patient records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, we saw where patients had consented to sharing information with their GP, the service gave patients a letter detailing their treatment to share with their GP.
- The service had a system in place to retain medical records securely but had not developed a plan for continued access in the event that they cease trading.
- Although the service did not make direct referrals, clinicians gave appropriate advice to patients about other services, including NHS services which they may be eligible for.

Safe and appropriate use of medicines

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

- The medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National 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'. In this service we saw that the provider used a holistic approach when considering prescribing unlicensed medicines used for weight loss.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- The systems and arrangements for managing medicines and equipment minimised risks.

Track record on safety and incidents

The service had good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- Although the service had not had any incidences in the last 12 months, we saw there were systems in place for reviewing and investigating if things were to go wrong.
- 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 was registered to receive patient safety alerts and had a mechanism in place to disseminate alerts to members of the team.

Are services effective?

We rated effective as Good

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw some evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs in line with relevant standards and only prescribed medicines as part of a weight loss programme.
- Patients' immediate and ongoing needs were assessed. However, consultation notes did not always detail people's mental wellbeing, although clinical staff on the day of inspection told us that people's mental wellbeing was assessed.
- Clinicians had some information to make or confirm a diagnosis. We saw people's body measurements and BP were monitored regularly in line with the provider's policy. However, in response to COVID-19 to minimise close contact with people, clinicians had reduced the number of times they measured people's body measurements and BP. The service had not considered other options to overcome this barrier.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were encouraged to attend regularly. However, it was not always clearly documented on patients' medical cards what re-assessment was carried out, if patients attended after a break in treatment. In line with Controlled Drugs guidance, clinicians only prescribed up to 28 days at a time other than in exceptional circumstances.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to make some improvements. For example, the provider carried out quarterly audits to review the completion of patient medical cards to ensure clinicians were recording people's body measurements and BP at regular intervals in line with the provider policy. Through the audit, the provider identified gaps on patients' medical cards, where all the necessary information was not being recorded by clinicians and this was addressed with the clinicians to make improvements. The provider carried out more frequent audits of the completion of patient's medical cards until enough improvements had been made by the clinicians.
- The provider had plans to carry out clinical audits to compare the effectiveness of different medicines on weight loss over a period. However, due to the short time the clinic had been open, there was insufficient data for the provider to complete a meaningful clinical audit to demonstrate the effectiveness of the service.

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.
- Relevant professionals (medical and nursing) 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Patients received person-centred and holistic care and were advised not to rely on medicines alone. They were encouraged to consider activity levels and diet. The service manager tailored their advice to the individual patient and discussed their motivation for weight loss.
- There were no examples of direct referrals, but patients were signposted to more suitable services when appropriate.
- Patients were asked to complete a form to capture details of their health, any relevant test results and their medicines history. Staff told us that the clinicians confirmed this with patients during the initial consultation. However, any additional details discussed with the patient was not always recorded onto the patients' medical cards.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. We saw some examples where patients had agreed to this and these patients were given a letter with the details of their treatment to share with their GP. Clinicians' were aware of General Medical Council guidance and told us they encouraged patients to tell their GP. Although they did not directly communicate with the patient's GP
- The service monitored the process for seeking consent as part of their regular records review, and asked patients to review consent at least annually.

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 service developed its own information pack which included suggestions of low-calorie meals, calorie comparisons of foods, meal plan and weekly food diary.
- Risk factors were identified and highlighted to patients, but discussions were not always recorded onto the patient medical card.
- Where patients' needs 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.

- 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.

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patient feedback was reviewed monthly through the review of patient surveys completed and verbal patient feedback. The provider was considering different ways to do this and was still under review.
- Feedback from patients was positive about the way staff treated people.
- 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.

- Patients were given an information leaflet which explained how the medicines acted and possible side effects.
- The service had considered the provision of interpretation services for people who did not have English as a first language and determined that there was no requirement for a regular service. Where English was not a patient's first language, they were encouraged to bring a friend or family member with them to help translate.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Although there was only one consultation room, staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could use the waiting area as due to COVID-19 appointment times were staggered and therefore there was only one patient in the waiting area at a time. Staff could also use the consultation room, if it was not in use.

Are services responsive to people's needs?

We rated responsive as Good

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. For example, more clinic sessions and had continued to review the demand when considering the service.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, not all patients could use the stairs to go down to the clinic room. The service had addressed this by carrying out the consultations for these patients in the waiting room and closing the access to the service during the time of the consultation to maintain confidentiality.

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.

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.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place, and this was displayed in the waiting area.

Are services well-led?

We rated well-led as Good

Leadership capacity and capability

Leaders had the capacity and skills to deliver quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the current challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.

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 and leaders were able to articulate plans for building on those values following the pandemic. The service had a realistic strategy to achieve priorities.
- Staff were able to describe the vision, values and strategy and their role in delivering them.

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 acted on behaviour and performance inconsistent with the vision and values.
- There was a policy for dealing with incidents and complaints with openness, honesty and transparency. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.

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

Are services well-led?

- 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 some 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 some processes to manage current performance. Although the provider audited the completion of patient medical cards, it was not clear how the provider monitored the performance of clinical staff.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care, however no clinical audit had been carried out to consider and demonstrate treatment outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients and staff.
- Staff meetings were held regularly before each clinic day and the provider was reviewing ways to hold full team meetings remotely.