

# The Bodyline Clinic Limited Openshaw

## 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.** (Previous inspection 15 January 2019 – Not Rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Bodyline Clinic Limited Openshaw under Section 60 of the Health and Social Care Act (HSCA) 2008 as part of our regulatory functions. This was part of our inspection programme to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to rate the service.

The Bodyline Clinic Openshaw is a private clinic which provides weight loss services, including prescribing medicines and dietary advice to support weight reduction and has been registered with CQC since January 2018. All clinical consultations are carried out with an Independent Nurse prescriber at the clinic. The Nurse Lead 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.

We spoke to two patients during the inspection. All feedback was positive about the service. People told us staff were professional, welcoming, supportive and caring. Patients described the clinical environment as calm and the clinic facilities as clean.

## Our key findings were:

- Patients felt supported and staff were helpful.
- The provider had good governance systems in place which were supported by comprehensive policies and risk assessments.
- There was an active ongoing audit programme which were reviewed at regular intervals and outcomes and lessons learnt were shared at the monthly clinical meetings.
- The provider had good systems for managing recruitment, induction and training updates for staff.
- The provider used electronic patient records, allowing patients the flexibility to attend any of the providers eight registered clinics, while nurses maintained up to date contemporaneous consultation notes to continue to provide safe treatment to patients.

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

# Overall summary

- Review the prescribing policy to ensure that it complies with the Competency Framework for all Prescribers (Royal Pharmaceutical Society) where patients are presenting without a confirmed medical history.

**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 member of the CQC medicines team and included another member of the CQC medicines team.

## Background to The Bodyline Clinic Limited Openshaw

The Bodyline Clinic Limited Openshaw is a private slimming clinic located in Openshaw in Manchester. It is part of The Bodyline Clinic chain of clinics. There are a total of eight CQC registered locations. The other locations have been previously inspected and some have been rated. This location had been previously inspected on 15 January 2019 but had not been rated (this was in line with CQC methodology at the time). Information in relation to the provider organisation was reviewed in preparation for this inspection.

The clinic is located on the ground floor and there is step-free access available. There is a reception / waiting area as well as two consulting rooms. There is parking close to the clinic. The clinic is open on Tuesdays from 4.30pm until 7.30pm and Saturdays from 9am until 12pm. People can access video consultations at the location between these times with the nurse prescriber. All nurse prescribers within the organisation work closely together. If for any reason a shift at the clinic is not filled by one of the regular clinic nurses, then another nurse prescriber within the organisation will fill in.

All consultations are provided via pre-booked appointments only. The customer support team from head office arrange appointment times for people at the clinic.

### How we inspected this service

We gathered several documents from the registered manager prior to our site visit and reviewed them for this inspection. During this inspection, we interviewed staff, reviewed patient records and spoke to patients.

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 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 refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 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 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. Staff told us they knew how to identify and report concerns. The clinic manager acted as a chaperone, they were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, including a Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for all staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They were aware that the clinic policy was to call the emergency services if needed. All staff had received basic life support training.
- The service had carried out a risk assessment and determined that it was not necessary to keep all of the emergency medicines recommended in national guidance as the risk of a medical emergency was low. The clinic did however hold adrenaline, a medicine used to manage anaphylaxis. These were stored appropriately and checked regularly by nursing staff.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, medicines requiring refrigeration and emergency medicines minimised risks.
- The service used electronic records which could be accessed from any clinic location and any clinic laptop.
- Clinic manager and clinical lead carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Clinical audits and peer reviews of clinical records were carried out monthly and discussed at monthly clinical meetings. Staff were given feedback and any actions to complete as a result of audits.
- The service prescribed and supplied Schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence). The service managed controlled drugs safely and maintained a full audit trail of prescribing and supply to patients.
- Nursing staff prescribed, administered or 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Some of the medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan. Prescribed medicines was one of the factors used by the provider in its holistic approach to support people manage their weight.
- There were effective protocols for verifying the identity of patients.

## Track record on safety and incidents

### The service had a 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

### 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.

# Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the two different oral medicines prescribed and supplied were labelled in different colours to act as a visual reminder to nursing staff, as part of their checks before dispensing medicines to patients.
- 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**

## **Effective needs assessment, care and treatment**

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight, waist circumference, body mass index (BMI), blood pressure (BP) and their mental and physical wellbeing.
- Independent Nurse prescribers did not always have access to information from patients' clinical records prior to prescribing medicines to patients. Patients who attended the clinic were asked for their medical history and medicines they were taking during their consultation. Nurses used this information to decide whether to supply medicines to patients prior to receiving verification of patients past medical history from patients GP. The provider had risk assessed this and limited prescribing of medicines to two weeks supply while awaiting verification from GPs as part of their prescribing policy.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Policies were in place to ensure that all repeat patients were reviewed at regular intervals including those who were receiving treatment remotely.
- The service used a digital system, which supported patients who were not able to attend the clinic. Patients who were unable to attend the clinic were able to have video consultations with a nurse in the clinic. These patients were supplied with a kit by the clinic, which included a tape measure, weighing scales and BP monitor. Patients used the kit during video consultations to share measurements and readings with the nurse, providing nurses assurance that readings and measurements were accurate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, the clinical nurse lead carried out regular audits of clinical records to ensure prescribing was carried out in line with the providers policy. We saw as a result of the audit, the electronic system was improved to automatically generate GP letters (with patient consent) to include any prescribing or relevant details about the consultation which then could be sent electronically to the GP immediately without any additional administration task. The service made improvements through the use of completed audits. Clinical audit 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, the provider routinely audited patients who had completed 12 weeks of treatment. The most recent audit carried out between September 2021 to March 2022, showed that 41% of patients achieved their 5% target weight loss in 12 weeks.

## **Effective staffing**

**Staff had 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 were registered with the Nursing and Midwifery Council and were up to date with revalidation



# Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

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

- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. Where patients had consented to sharing information with their GP, we saw examples of letters sent to patients' GPs as well as correspondence from patients' GPs to verify people's medical history.
- The provider had risk assessed the treatments they offered. Patients registering for the remote service had to give consent to share information with their GP in order to be deemed suitable to receive prescribed medicines, as these medicines could be liable to abuse or misuse. Clinic policy did not stipulate this for patients attending in person, so there was a risk that people might have received medicines inappropriately. This did not follow the Competency Framework for all Prescribers (Royal Pharmaceutical Society). Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with national guidance.

## 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. For example, patients were emailed provided with information on nutrition, diet and exercise to support weight management.
- We saw evidence that dietary, physical and holistic needs were discussed with patients and documented in their records.
- The service monitored the process for seeking consent appropriately.
- 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.
- The service monitored the process for seeking consent appropriately.

# 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. For example, we saw from recent completed patient feedback, that patients at the clinic felt they had been involved in the clinical decision making about their treatment and care.
- 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.**

- Interpretation services were available for patients who did not have English as a first language. People were also encouraged to bring a friend or family member with them to act as an interpreter in their consultation if they wanted.
- On the day of inspection, we spoke to patients who told us that they felt listened to and supported by staff. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

**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, as a result of patient feedback, all consultations were now pre-booked, which reduced patient waiting time in the clinic. During our inspection we found that the majority of patients were seen by the nurse within a very short time of them arriving at the clinic.
- The facilities and premises were appropriate for the services delivered.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

## **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 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. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the number of staff in the customer service team had increased from one staff to four. They received training and were knowledgeable about the treatment options the service offered and the inclusion criteria the patient had to meet to enrol onto the service. Therefore, patients were better informed about the service and the treatment options prior to their consultation with the nurse.

# Are services well-led?

**We rated well-led as Good**

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, we saw when a dispensed medicine was labelled incorrectly, the clinic informed the patient immediately and dispensed new medicines with the correct instructions on the label. 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 was a whistle blowing policy, which staff were aware of.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Nurses were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

# Are services well-led?

## **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. 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 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, including CQC 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.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

# Are services well-led?

- Staff could describe to us the systems in place to give feedback. Staff told us they had the opportunity to speak to the clinic manager prior and post clinic open and close times to discuss any concerns or give feedback. They also told us that the leadership team were accessible via telephone or email and they always got a response.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were 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. All incidences and complaints from across the organisation were reviewed and shared at the monthly clinical management meeting.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.