

# Academy of Health and Diet

## Inspection report

21 Market Street  
Leigh  
WN7 1DR  
Tel: 07889509511

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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?

Good 

Are services well-led?

Requires improvement 

# Overall summary

**This service is rated as Good overall.**

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? – Requires improvement

We carried out an announced comprehensive inspection at Academy of Health and Diet Leigh as part of our inspection programme to rate the service.

Academy of Health and Diet Leigh is a private clinic that provides medical treatment for weight loss for adults over the age of 18. One of two services with this provider.

The owner of the service 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.

10 people provided feedback about the service. All the feedback was positive. Patients told us that staff were helpful and professional. The premises were clean and hygienic. Patients told us their questions were answered and they felt respected.

## Our key findings were:

- Patients felt information was explained and they were treated with respect.
- The clinic was clean and tidy.
- The audit process was not fully effective.
- Staff training had not been updated.
- The provider obtained patient feedback via a survey.

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

- Improve the audit process to include completion of audits listed in the audit schedule.
- Improve staff training including infection prevention control, chaperone and fire safety.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

**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 Pharmacist Specialist. The team included two members of the CQC medicines team.

## Background to Academy of Health and Diet

Academy of Health and Diet Leigh provides medical treatment for weight loss, it is one of two clinics registered for this provider.

- The clinic comprises of a reception and waiting area and two consulting rooms.
- The clinic is open Tuesdays from 1:00pm until 8:00pm.
- There is a registered manager one doctor, two nurses and two receptionists.

### **How we inspected this service**

We spoke to the registered manager, doctor and receptionist. We reviewed a range of documents including medical records. 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:

### Safety systems and processes

#### The service had clear systems to keep most people safe and safeguarded from abuse.

- The provider conducted safety risk assessments, however some needed to be updated to reflect changes. For example, the fire risk assessment included a fire equipment checklist that wasn't being completed. The risk assessment was reviewed immediately after the inspection. There were appropriate safety policies that had been reviewed and communicated to staff including locums. 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. (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 registered manager was the safeguarding lead and was aware of local contacts if needed.
- The chaperone policy had recently been updated. On the day of the inspection we were told staff acted as chaperones but not all staff had completed chaperone training. We were provided with evidence of staff training that was completed after the inspection. Staff who would act as chaperones were trained for the role and had received a DBS check.
- The systems to manage infection prevention and control were not always effective. Not all staff had received training in infection prevention control.
- The provider had commissioned a legionella report but there was no risk assessment in place to explain the deviation from the recommendations made in the report. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We

were told that a safe process was followed. After the inspection we were sent an updated policy, this included plans to record local actions and complete monthly checks.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was a policy for managing healthcare waste, however the sharps container was not being used in accordance with guidance. The container was over half full and not signed and dated.
- 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 agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- A risk assessment had been carried out to determine suitable medicines and equipment to deal with medical emergencies. These were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover activities at the clinic.

### Information to deliver safe care and treatment

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

- We looked at 13 individual care records and most were written and managed in a way that kept patients safe. One record showed that treatment had been supplied when a person had an elevated blood pressure. The record showed the patient had not been monitored in line the prescribing policy. However, we did see that another four patients were declined treatment and advised to seek medical attention due to high blood pressure.

# Are services 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, emergency medicines and equipment minimised risks.
- The service had started to carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing and these needed to be embedded. Audits had identified that some patients had not lost weight and these patients were encouraged to complete a food diary and were provided with a review.
- The service did prescribe Schedule 3 controlled drugs (medicines that have the additional controls due to their risk of misuse and dependence) and had appropriate storage and records.
- There were effective protocols for verifying the identity and age of patients.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- 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’.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The fire risk assessment needed updating and this was completed immediately following inspection.
- 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.
- 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
- There were adequate systems for reviewing and investigating when things went wrong. The manager told us the service had a process to learn from and share lessons. This would identify themes and act to improve safety in the service.
- The service now 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 including sessional and agency staff.

# Are services effective?

## 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 (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw that people's height and weight was documented by the manager prior to them seeing the doctor.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. However, one out of 13 patient records we looked at did not document an appropriate reason for continuation of treatment for a person with elevated blood pressure which was outside of the prescribing policy.

## Monitoring care and treatment

**The service was increasing involvement in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, the service had started to review a selection of records each month to determine weight loss.
- The service had started to consider improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, an audit cycle had been developed and the audit questions used had been reviewed to gain additional qualitative information. We were sent a case study after the inspection. This had been completed by the nurse lead to look at patient based intervention approach and outcomes in depth for two patients.

## Effective staffing

**Staff did not always have 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.

- The Doctor was trained in motivational interviewing. This is used to support people to make positive decisions and accomplish their goals,
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider did not always understand the learning needs of staff, however after the inspection staff were given 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.**

- Patients received coordinated and 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 that four patients had been declined treatment as they did not fit the clinical criteria.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. We saw examples of this information being shared appropriately.

## 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. Patients could access a variety of leaflets including lifestyle advice, food and exercise.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The provider had printed information leaflets for patients including, weekly meal planners and food sugar levels.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received
- Feedback from patients was positive about the way staff treat people. A recent survey said that 100% of patients considered the time allocated to see the doctor was good or excellent.
- 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 not available for patients who did not have English as a first language. The service had supported a patient who did not have English as a first language and had attended with a representative.
- We received 10 comment cards. Patients told us 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.

## 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?

## 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, the medicines supplied had been reviewed and the formulary updated to include an additional choice of medicine.
- 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.
- People did not need to book an appointment a walk-in service was operated. On the day of inspection this was observed to work well.

## 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 were able to describe how they would deal with complaints compassionately.
- The service had complaint policy and procedures in place.
- The service had a mechanism to share any learned lessons from individual concerns and complaints. There was a process to analyse and identify trends at other locations via the clinic meetings.



# Are services well-led?

## We rated well-led as Requires improvement because:

The audit process was not effective, it had been developed but not fully implemented. Policies and procedures were not always adhered to and leaders did not have robust assurance.

### Leadership capacity and capability;

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

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were working to address them.
- The registered manager was visible and approachable. They worked closely with staff and others 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving 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 and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff were able to explain how openness, honesty and transparency would be 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.
- 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 appraisal and

career development conversations. All staff received or were planned to receive regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional 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 felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

#### There were not always 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 but not fully implemented. For example, there was an audit process and timetable, but these had not all been completed.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety, however they had not assured themselves that they were operating as intended. Not all audits and training had been completed. For example, staff had not received fire safety training, this was completed immediately following the inspection.

### Managing risks, issues and performance

#### There were clear and effective processes for managing risks, issues and performance, however these had not always identified the issues.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety had not identified where assessments and training were incomplete.

# Are services well-led?

- 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.

## 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.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The service was developing information to monitor performance and the delivery of quality care. This would be used to address any identified weaknesses.
- 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 the public, patients and staff.
- 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.

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service had a process to review incidents and complaints. Learning could be shared and used to make improvements.
- The registered manager encouraged staff to take time out to review individual and team objectives, processes and performance.