

# Skinny Revolution Ltd

## 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?

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 Skinny Revolution Ltd to rate the service as part of our inspection programme.

CQC inspected the service on 14 January 2019 and asked the provider to make improvements regarding quality improvement, feedback and to have a registered manager. We checked these areas as part of this comprehensive inspection and found that improvements had been made, but this had not been fully resolved.

Skinny Revolution Ltd is a private clinic which provides medical treatment for weight loss.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Skinny Revolution Ltd provides a range of non-surgical cosmetic interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

On the day of our inspection there was no registered manager in post. This is a requirement of their registration with the Care Quality Commission. 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 a prescribing policy in place which was being adhered to.
- Where video consultation was taking place there was an effective process to verify the identity of the patient.
- The provider supported patients using a private bespoke webpage and social media account.
- Staff displayed a non-judgemental attitude and understanding when talking to patients.

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

- Review their processes for sharing prescribing information with the patients' registered GP in line with GMC guidance.
- Continue to improve the risk and governance arrangements for the service.
- Implement a chaperone policy and review chaperone training for appropriate staff.

Update policy to ensure a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance

- 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 lead inspector. The team included a member of the CQC medicines team.

## Background to Skinny Revolution Ltd

Skinny Revolution Ltd is a private clinic which provides medical treatment for weight loss and has been registered with the CQC since May 2018.

- The clinic was open from 9am to 9pm Monday to Thursday and 9am to 4pm Friday and Saturday. The premises are comprised of a reception area, waiting area and consultation room downstairs. There was an office and video consultation room upstairs. The consultations were completed at the main clinic and via video consultation.
- The service is delivered by the owner of the business, a nurse, two doctors and administration support.

### How we inspected this service

This inspection was carried out at short notice so we did not receive information from the provider prior to inspecting the service. We spoke to the owner of the business, clinical and administrative staff. We observed phone calls 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 clear systems to keep people safe and safeguarded from abuse.**

- The provider had systems to safeguard children and vulnerable adults from abuse. Staff were aware of the local safeguarding links and had forms to use if a referral was needed. The policy was updated after the inspection to outline clearly who to go to for further guidance.
- Services were not being undertaken in satellite clinics at the time of our inspection. Where a consultation was held via video conferencing, patients gave their consent to allow a GPS coordinate to be captured. Staff were able to use this information to identify local safeguarding services, or alert the emergency services if a patient became unwell whilst on the call.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. On the day of inspection we did not see the evidence of level three safeguarding for the doctor and nurse. This training was completed after the inspection.
- 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 for all staff 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).
- The provider did not have a chaperone policy and did not offer this service, however one was prepared and sent to us following inspection.
- There was an effective system to manage infection prevention and control. A Legionella risk assessment had been completed and required actions were carried out.
- 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.

## **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.
- This is a service where the risk of needing to deal with a medical emergency is low and clinicians did not have access to emergency equipment or medicines. However, on the day of inspection, the risk assessment for not holding any emergency medicines was not available. The provider sent this to us following the inspection. For medical emergencies that may happen during video conference staff had access to a GPS co-ordinate and could call for assistance.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover both professional indemnity and public liability.

## **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 relevant staff in an accessible way.
- The registered GP details were taken for each patient engaging with the service, but GPs were not routinely contacted when a patient was prescribed weight loss treatment. Patients were provided with a doctors letter and encouraged to inform their GP.
- 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.**

- No medicines were kept at the location. The provider operated an electronic prescription service. This ensured the signature of the prescriber was controlled in line with the requirements of the Human Medicines Regulations 2012. At our last inspection the provider

## Are services safe?

sent copies of the prescription in addition to the electronic prescription to the partner pharmacy for dispensing, which could have led to duplication. This no longer happened.

- The service carried out regular medicines audits to ensure prescribing was in line with their prescribing policy. We saw evidence of audit follow up.
- The doctor prescribed 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.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider 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.
- There had not been any significant events since our last inspection, but staff were able to describe the process for reviewing and investigating when things went wrong.
- The provider had received patient complaints. We saw that complaints were handled in line with the providers policy. The provider learned and shared lessons identified themes and took action to improve safety in the service. For example, the initial patient questionnaire had been modified as the result of themes identified, to support improvement in patients safety.
- 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 provider had systems in place for knowing about notifiable safety incidents.

The provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as Good

### Effective needs assessment, care and treatment

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' were assessed by the nurse to determine their eligibility for treatment. This assessment was detailed; an up to date medical history was obtained as well as height, weight and Body Mass Index (BMI). For patients who were consulting via video conference this was visually checked by the nurse.
- The doctor reviewed the information and recorded in the patient's notes the decision to prescribe. The doctor contacted patients if they needed further information and spoke with all patients where the prescription would be an off licence use of the medicine.
- Patients were supported with their long-term goals and appropriate target weights were set.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, the prescribing policy supported the reduced supply for patients that were approaching their target weight.
- The provider demonstrated to patients the correct injection technique. There was also secure website where patients could access supportive resources including videos for how to use the injections correctly.

### Monitoring care and treatment

The provider was actively involved in quality improvement activity.

- The provider completed regular audits this included a weekly audit of video conferencing notes and prescribing records. The provider was reviewing the capability of the electronic system to support audits. Since the inspection the provider has set up templates including, review of length of time a patient has received treatment and an audit for repeat prescriptions.
- The provider made improvements to notes through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality.
- Weight reduction checks were completed on individual patient records.

### 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.
- The nurse had completed a Level 5 BTEC professional diploma in building a weight management consultancy.
- 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 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.

- 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 examples of two patients being declined treatment where the provider's prescribing policy meant it was not safe to do so.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP, although the provider did not routinely contact the GP to advise the GP of patients' treatment or request additional information.
- The provider gave patients a doctors letter to enable them to share this information directly with their GP. The provider told us that they were planning to review their policy for notifying patients GP directly.

## 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 patients advice so they could self-care. Patients were provided with a welcome pack which contained written information to support their consultation.

## Are services effective?

- Staff told us that patients were contacted by phone, text or email and that the provider had a closed Facebook page which we were told provided support for patients.
- The provider also maintained a private webpage, this contained information about exercise, motivational videos and healthy recipes.
- 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 .**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- When prescribing decision would mean the medicine became unlicensed, the doctor spoke with the patient to ensure informed consent.

The provider 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 provider sought feedback on the quality of service and treatment patients received
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information. The initial assessment consultation was long enough to enable patients to be supported appropriately.

### Involvement in decisions about care and treatment

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

- The provider told us they had never needed to provide interpretation services for patients who did not have English as a first language but could use a service to support patients if needed.
- The provider did not currently have any facility to support patients who had a hearing or visual impairment to access the service.

### Privacy and Dignity

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

- Staff recognised the importance of people's dignity and respect.
- Staff used a private room to provide video consultations ensuring confidentiality.

Staff knew that if patients at the clinic 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 in a timely way.**

- Since our last inspection the provider had reviewed staffing and increased opening hours.
- 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, diagnosis 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/did not respond 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 according to their policy.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had a complaint policy and procedures in place. The provider learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We were made aware of six complaints, four had been resolved and two were ongoing. We saw the investigation of these complaints was documented.

As a result of trend analysis from the complaints, the provider had improved its monitoring of mental health assessment.

# Are services well-led?

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

The leadership of the service was not in line Health and Social Care Act 2008 and associated Regulations due to the lack of a registered manager. This meant there were not always clear responsibilities to support good governance

### Leadership capacity and capability;

#### Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- The service did not have a registered manager at the last inspection and one was still not in place. The responsible individual was aware of this and was working to address this issue.
- There was awareness of some of the issues and priorities relating to the quality and future of services.
- The responsible individual was visible and approachable. They worked closely with staff and others to make sure the registered manager position was being reviewed.
- The provider was reviewing processes to develop leadership capacity and skills, including now 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 provider had a realistic strategy and supporting business plans to achieve priorities.
- The provider s 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 provider 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.

- 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 had received regular annual appraisals in the last year. 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.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff within the team.

### 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 being reviewed to ensure they were understood and effective. The potential registered manager had implemented a weekly governance meeting to ensure improved oversight.
- Staff were developing their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and were working to assure themselves that they were operating as intended.

### Managing risks, issues and performance

#### There was not always clarity around processes for managing risks, issues and performance.

- Some risk assessments including medical emergencies were not in place.
- The monthly audits and weekly governance meeting were developing the process to identify, understand, monitor and address current and future risks including risks to patient safety.

# Are services well-led?

- The provider was reviewing processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.

## Appropriate and accurate information

### The service did not have access to sufficient appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance.
- A weekly governance meeting had been implemented and would provide a forum to discuss quality and sustainability where all staff would have sufficient access to information.
- The provider did not have sufficient information to monitor performance and the delivery of quality care. There were plans to improve the information reviewed.
- The provider submitted data or notifications to external organisations as required. We were advised a yellow card submission had been completed. (A yellow card is a way to report a suspected side effect of a medicine to the Medicines Health and Regulatory Authority.)
- 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 and staff to support high-quality sustainable services.

- The provider encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Staff had recommended a review of complaints handling and a 'How to support customers' sheet had been developed.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There was some evidence of systems and processes for learning, continuous improvement and innovation.

- The provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff said they felt supported to complete appraisals and review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. There were plans to use the electronic record system to complete audits. Since the inspection we have been sent evidence that some audits templates have been set up.