

Skinny Revolution Ltd

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Inspection report

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Date of inspection visit: 14 January 2019
Date of publication: This is auto-populated when the report is published

Overall summary

We carried out an announced comprehensive inspection on 14 January 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether

the service was meeting the requirements and regulations associated with the Health and Social Care Act 2008. CQC previously inspected this service on 2 July 2018 where breaches of legal requirements were found. After this inspection, the service wrote to us to say what they would do to meet legal requirements in relation to a breach of regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC carried out a comprehensive inspection on 12 September 2018 to check that they had followed their plan and to confirm that they now met legal requirements. Further breaches of legal requirements were found and we took further enforcement action to protect the safety and welfare of people using this service. We undertook this inspection on 14 January 2019 to determine whether the provider was now meeting their legal requirements. You can read the report from our previous inspections by selecting the 'all reports' link for Skinny Revolution Ltd on our website at www.cqc.org.uk.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction. At Skinny Revolution the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for weight reduction but not the aesthetic cosmetic services.

Summary of findings

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:

- The service now had clear systems to keep people safe and safeguarded from abuse.
 - There was a prescribing policy in place which was being adhered to.
 - Since our last inspection the provider had put a process in place to ensure electrical equipment and fire fighting equipment was tested for safety. Medical equipment was renewed to ensure it remained fit for use.
 - There was an audit process in place to monitor the quality of the medical records and ensure prescribing was in line with the providers policy.
- Staff displayed understanding and a non-judgemental attitude when talking to patients who had concerns about their weight.
 - Where video consultations were taking place there was an effective process to verify the identity of the patient.

There were areas where the provider could make improvements and should:

- Review the need to routinely share prescribing information with the patient's registered GP in line with GMC guidance
- Review future training and development needs for clinical staff and identify appropriate opportunities
- Review how they will provide access for patients whose first language is not English or who may need support for visual or hearing difficulties.
- Review the arrangements for monitoring the service to ensure all staff are involved in quality improvement processes
- Review the process for obtaining feedback on the service from patients and using this to adapt the service offered

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

Skinny Revolution Ltd

Detailed findings

Background to this inspection

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 until 7pm Monday and Thursday, 9am to 6pm Tuesday and Wednesday and 9am to 6pm on Saturdays. The premises comprise of a reception and waiting area, a consulting room and an office area upstairs. There was a doctor and a nurse who carry out patient consultations. In addition to the main clinic, the provider could also deliver services from a number of satellite locations where they rented a clinic room on an occasional basis although they had chosen not to do this at the time of this inspection. Where a medical professional carries out a regulated activity and travels to a variety of places to provide the care or treatment to people, the service provider can select the address from where they manage their service as the registered location. For this inspection, we visited the main clinic where the provider managed the service from. The provider also delivers weight loss services via video consultations with patients.

The service is delivered by the owner of the business, a nurse, a doctor and administration support.

Our inspection team was led by a CQC lead inspector and included a member of the CQC medicines team. During our inspection we interviewed staff, reviewed documents and electronic records and made observations.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection

Are services safe?

Our findings

Safety systems and processes

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

- The provider had systems to safeguard children and vulnerable adults from abuse. The safeguarding policy was up to date and there was evidence that all staff had seen and understood it. Staff we spoke with knew how to identify and report concerns. Contact details for safeguarding agencies were available to staff in all the areas where satellite clinics could be held. Services were not being undertaken in satellite clinics at the time of our inspection. Where a consultation was held via video conferencing a GPS co-ordinate for the patient was captured which could be used to identify local safeguarding services. Patients gave their consent to this information being collected. This could also be used to alert emergency services if a patient became unwell whilst on the call.
- Staff had received adult safeguarding training relevant to their role. On the day of the inspection we did not see evidence of child safeguarding training for the doctor; this was completed with evidence sent to us following the inspection.
- The service had systems in place to ensure the identity of patients accessing the service via video calls could be verified.
- The provider carried out staff checks at the time of recruitment and professional registration checks for the clinicians were completed monthly. Disclosure and Barring Service (DBS) checks were undertaken for all staff when employment commenced. (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).
- There was an effective system to manage infection prevention and control. A legionella risk assessment had been completed and required actions had been carried out.
- The provider ensured facilities and equipment were safe. Medical equipment including weighing scales was renewed annually to ensure it remained accurate in use.

Risks to patients

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

- Staff had undertaken life support training at a level appropriate to their role.
- This is a service where the risk of needing to deal with a medical emergency is low and the clinicians did not have access to emergency equipment or medicines. The policy for handling medical emergencies recognised this by advising emergency services were contacted. However, on the day of the inspection, there was no formal risk assessment for not holding any emergency medicines or equipment. The provider provided evidence of a risk assessment following our inspection.
- When there were changes to services or staff the service assessed and monitored the impact on safety. This was evidenced by changes made to the IT system for recording patient details and consultations when the service started providing video calls
- Clinicians had appropriate indemnity arrangements in place to cover all potential liabilities which may arise from their work at the service.

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. However, we were made aware of one patient where the doctor in the service had contacted the GP for more information before agreeing to prescribe weight loss treatment. Patients were encouraged to inform their GP that they were receiving weight loss treatment.

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 minimised risks. The service operated an electronic prescription service. This ensured the electronic

Are services safe?

signature of the prescriber was controlled in line with the requirements of the Human Medicines Regulations 2012. On the day of the inspection the service was sending electronic copies of the prescriptions, in addition to the electronic prescription, to the partner pharmacy for dispensing. They ceased this practice during our inspection because there was a risk of the prescription copies being duplicated.

- The service carried out regular audits to ensure prescribing was in line with their prescribing policy.
- The doctor prescribed medicines to patients in line with legal requirements, current national guidance and the service prescribing policy. Where a different approach was taken from national guidance there was a clear rationale for this in the consultation records which was supported by clinical evidence.
- The doctor and nurse provided patients with dietary and lifestyle advice to support weight loss as part of an overall weight management plan.
- There were effective protocols for verifying the identity of patients.

Track record on safety, 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.
- There had not been any significant events since our last inspection but staff were able to describe the process for review and investigation when things went wrong.
- A patient complaint had been handled as a significant event and we saw that the service provided support, gave truthful information and an apology.
- They kept written records of all verbal and electronic interactions.
- The provider was aware of and complied with the requirements of the Duty of Candour. (Observing the Duty of Candour means that patients who use the service are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result)
- The provider encouraged a culture of openness and honesty.
- The service had an effective mechanism in place to receive and disseminate patient and medicine safety alerts, for example those issued by the Medicines and Healthcare products Regulatory Agency (MHRA). There was a system in place to ensure any actions necessary would be undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

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 included height, weight and BMI, as well as relevant medical history and drug history. This assessment also included a discussion about their goals for treatment and their previous attempts to lose weight.
- The doctor then reviewed this information, recorded this review in the patient electronic notes and if appropriate prescribed treatment.
- The doctor could also contact the patient to request further information.
- We looked at six patient medical records who had received treatment from the service and five patients who had been declined treatment. Patients were declined treatment when their BMI and/or waist measurement fell outside of the safe range stated in the provider's prescribing policy. Treatment was also declined when a patient had a contraindicated medical condition.
- An explanation of the treatment being provided was given to the patient by the clinicians, this included a demonstration of the correct injection technique for administering the treatment.
- An appropriate clinical assessment including the setting of treatment goals and target weight was seen on the records reviewed for patients who received treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider had accessed training from the manufacturer of the treatment being used to ensure all clinicians were familiar with the treatment.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service completed audits of administrative and clinical activities regularly, for example:

- Monthly audit of length of treatment to ensure this was in line with BMI and treatment goals, this was limited at the time of our inspection as the service had very few patients
 - Weekly audit of doctors notes to ensure all necessary information, in line with the prescribing policy, was being captured
 - Monthly audit of repeat prescriptions
 - Monthly audit of contacts with patients to check that the service policy for following up patients was being adhered to.
- Recommendations were made and actions were discussed informally within the team. The provider recognised that if more staff were employed this process would need to be formalised.

Effective staffing

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

- Staff were appropriately qualified to undertake their role. The nurse held a qualification in obesity management and public health.
- The doctor held no formal qualification and had undertaken no additional training in obesity management.
- 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 we saw evidence they had arranged additional training to support their roles. This had not yet been completed.
- Up to date records of skills, qualifications and training were maintained. We saw that staff had undergone mandatory training in life support, fire safety and children and adult safeguarding.

Coordinating patient care and information sharing

Staff worked with other organisations, to deliver effective care and treatment.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history. We saw examples of patients who were declined treatment if the information received indicated it would not be safe to prescribe for them.

Are services effective?

(for example, treatment is effective)

- All patients were required to provide the details of their registered GP although the provider did not routinely contact the GP to request information or inform them of the patients treatment.
- Patients were provided with a letter to give to their GP detailing the treatment provided. This letter also described the information that had been given to the patient and contraindications to the treatment.
- We were provided with an example where the doctor had contacted the patient's registered GP to obtain further details about their medical condition.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health.

- Patients were given written information about medicines in the form of the manufacturers' guide to using the treatment as well as the patient information leaflet.

- Patients were also given written information on healthy eating and were signposted to a private dietary support service to assist them in making healthy choices.
- Patients accessing services in the clinic could also access an on-line exercise programme developed by the provider.

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. Staff we spoke with explained how they would ensure a patient had the capacity to consent to treatment in accordance with the Mental Capacity Act.
- The service monitored the process for seeking consent appropriately.
- Before providing treatment, the provider gave patients details of the costs of the treatment.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff displayed an understanding and non-judgmental attitude when talking to patients who were seeking to lose weight.
- 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.

- The service used comment cards to monitor patients' experience. These demonstrated that patients felt listened to and involved in the decision to start treatment for weight loss.

- The assessment consultation was booked for a sufficient time to ensure patients had time to ask questions and staff told us there was always someone available during office hours to answer patient's calls.
- We saw evidence in the consultation notes that patients' goals for treatment were recorded and considered when treatment decisions were made.
- The provider told us they had never needed to provide interpretation services for patients who did not have English as a first language. However, the doctor was clear on how such services could be obtained.
- The service 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 and ensured consultations could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. More work was needed to ensure patient needs and preferences were understood and accounted for in delivery of the service.

- The clinic opening hours had been extended to allow patients who worked during the day to access the service. The video calling service had been developed to provide the service to patients who could not attend a clinic.
- The facilities and premises were appropriate for the services delivered.
- The consultation room was on the ground floor which ensured that patients with mobility difficulties, including those using a wheelchair, were able to access the service.
- The service used video consultations to extend their service to patients who could not access the clinic settings. This also supported consultations for monitoring response to treatment and improved engagement with patients.

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 ongoing appointments including into the evening.
- Help and advice was available by telephone during the hours that the clinic was open.
- Delays and cancellations were minimal and managed appropriately. In the event of the nurse being unavailable to undertake the initial assessments for patients these could be completed by the doctor.

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 routinely sent to patients when they received treatment from Skinny Revolution. 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 a complaints policy and procedures in place. We were made aware of one complaint regarding lack of support being provided to a patient receiving treatment. We saw that this had been fully investigated; the patient had been contacted and informed of the investigation and offered recompense.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability, vision and strategy;

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.
- The team worked closely together and the owner was visible and approachable.
- Staff meetings were held regularly. We saw evidence of some being minuted and an action plan with leads identified for each action.
- The service developed its vision and strategy jointly with staff who were aware of their role in delivering this vision.

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.
- Openness, honesty and transparency were demonstrated when responding to complaints.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The provider had identified the training needs of staff and had arranged development opportunities to support this. Although this had not yet been delivered.
- Staff had not had annual appraisals at the time of our inspection as they had not been in post for a full year. However, the provider advised that this would be planned and there was a policy in place.

Governance arrangements; Managing risks, issues and performance; Appropriate and accurate information

There were now clear policies and procedures in place including processes for assessing risk.

- Staff were clear on their roles and accountabilities and the limits of their competence.

- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider had completed risk assessments which were required for their activities.
- Performance of clinical staff was monitored through audit of their consultation notes and their prescribing decisions.
- The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit was undertaken but there was limited evidence of action to change services based on this. The service had very few patients who had received treatment since the last inspection.
- 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 did not always involve patients and staff to support high-quality sustainable services.

- Staff were encouraged to share views and concerns and these were acted on to improve services. The doctor told us there was an increased clinical focus for the service and changes were only implemented if the clinicians were supportive of them.
- We saw evidence of feedback opportunities for staff in team meeting minutes and staff described formal and informal weekly meetings.
- The service sought patients views but did not formally evaluate the feedback to adapt the service offered

Continuous improvement and innovation

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

- The provider had identified further training for clinical staff but this had not yet been accessed.
- The service made use of internal reviews of complaints. Learning was shared and used to make improvements.
- Staff told us there had been a significant improvement in the way the service was run, with improved communication and a more clinically focused approach to service development.