

Inspection Report

23 August 2021



Healthwise Weight Loss Clinic

Type of service: Independent Clinic (IC) - Private doctor service

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Mrs Margaret Stevenson	Registered Manager: Miss Terri-Ann Hollywood Date registered: 12 August 2019
Person in charge at the time of inspection: Mrs Margaret Stevenson	
Categories of care: Independent Clinic (IC) – Private Doctor	
Brief description of how the service operates: Healthwise Weight Loss Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. The service provides a weight management service by two private doctors. This inspection focused solely on the private doctor services that fall within regulated activity and the category of care for which the establishment is registered with RQIA.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 23 August 2021 from 10.45 am to 1.00 pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Healthwise Weight Loss was not inspected by RQIA during the 2020-21 inspection year.

The purpose of the inspection was to assess progress with areas for improvement identified during and since the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning patient safety in respect of staffing; recruitment and selection of staff; safeguarding; the management of medical emergencies; infection prevention and control; and the adherence to best practice guidance in relation to COVID-19. Other examples included: the management of the patients' care pathway; communication; records management; practising privileges arrangements and governance arrangements.

One area for improvement in relation to fire safety that had been stated during the previous inspection has been partially addressed and has been stated for a second time.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the service

Patients were not present on the day of the inspection and patient feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Healthwise Weight Loss Clinic.

Posters were issued to Healthwise Weight Loss Clinic by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient or staff questionnaires were submitted to RQIA prior to the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 9 September 2019		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18.1 Stated: First time	The registered person shall ensure that each private doctor has sole use of each controlled drug cabinet.	Met
	Action taken as confirmed during the inspection: Mrs Stevenson and Miss Hollywood confirmed that each private doctor has their own controlled drugs cabinet to store medication.	

Area for improvement 2 Ref: Regulation 25 (4) Stated: First time	<p>The registered person shall review the fire risk assessment and address any recommendations made.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as partially met, and has been stated for a second time, further detail is provided in section 5.2.7.</p>	Partially met
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		
Area for improvement 1 Ref: Standard 18.1 Stated: Second time	<p>The registered person shall ensure that the medical emergencies policy and procedure is reviewed and revised in keeping with the Resuscitation Council (UK) guidelines.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.4.</p>	Met
Area for improvement 2 Ref: Standard 25 Stated: First time		
Area for improvement 2 Ref: Standard 25 Stated: First time	<p>The registered person shall ensure that a policy and procedure is in place for medicines which are supplied to patients in the absence of the private doctors.</p> <p>Action taken as confirmed during the inspection: Following the previous inspection a policy and procedure had been developed for medicines which are supplied to patients in the absence of the private doctor. This policy was reviewed during this inspection.</p>	Met
Area for improvement 3 Ref: Standard 26 Stated: First time	<p>The registered person shall ensure the temperature range of the medicines freezer is monitored when it is in use.</p> <p>Action taken as confirmed during the inspection: Mrs Stevenson and Miss Hollywood confirmed that should any medications be stored in the freezer then the temperature range of the freezer will be monitored.</p>	

Area for improvement 4 Ref: Standard 8 Stated: First time	The registered person shall ensure that the records management policy has been further developed in accordance with legislation.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.9.	
Area for improvement 5 Ref: Standard 9.9 Stated: First time	The registered person shall ensure that an incident policy and procedure is developed in line with legislation and includes the reporting arrangements to RQIA and other relevant external bodies in accordance with legislation.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.8.	
Area for improvement 6 Ref: Standard 11.1 Stated: Second time	The registered person shall ensure that a policy is devised outlining the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.10.	

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of patients?

Two private doctors offer services in Healthwise Weight Loss Clinic. Mrs Stevenson and Miss Hollywood confirmed that there is sufficient staff to fulfil the needs of the establishment and patients.

In accordance with legislation and to ensure robust arrangements concerning medical governance, services must retain evidence of the following for each private doctor:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance

- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Records pertaining to both private doctors were reviewed. All records were retained with the exception of evidence the arrangements for revalidation. Miss Hollywood was advised to ensure that a record is maintained of the arrangements for revalidation.

Mrs Stevenson and Miss Hollywood confirmed that an appraisal sign off sheet for each private doctor is maintained. Mrs Stevenson and Miss Hollywood were advised that the appraisal sign off sheet only enables the service to confirm that the appraisal has taken place. They were advised to develop a system to review the full appraisal of the private doctors. Review of the full appraisal document will provide an additional level of assurance; enable the service to develop appropriate scope of practice for practising privileges; and will identify the personal development plan (PDP) of the doctors.

Induction programme templates were in place relevant to specific roles within the establishment. Miss Hollywood confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

Miss Hollywood confirmed that the private doctors are aware of their responsibilities under [GMC Good Medical Practice](#).

Staffing levels were sufficient to meet the needs of the private doctor service.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

No new private doctors have been recruited since registration with RQIA. There has been a very low turnover of staff with the same two private doctors having provided services in the establishment for many years leading to continuity of care for the patients.

Miss Hollywood confirmed that should any private doctors be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the establishment. Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

Registered establishments are required to maintain a staff register. Mrs Hollywood was aware that the staff register is a live document and should be reviewed and updated as and when necessary.

The recruitment of private doctors complies with the legislation and best practice guidance.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

It was confirmed that the establishment only provides services to patients aged 18 and over.

Policies and procedures were in place for the safeguarding and protection of adults at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising.

The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs Stevenson and Miss Hollywood demonstrated that they were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A review of training records evidenced that Mrs Hollywood and the private doctors involved in the delivery of regulated services had received training in safeguarding of adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

It was observed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

The establishment has a policy and procedure on dealing with medical emergencies. Following the previous inspection the policy was reviewed and revised in keeping with the Resuscitation Council (UK) guidelines.

The establishment retains an anaphylaxis emergency medicines kit and a supply of Aspirin tablets to be used in the event of a medical emergency.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and there was an identified individual with responsibility for checking emergency medicines and equipment.

Discussion with Mrs Stevenson and Miss Hollywood demonstrated they were aware what action to take in the event of a medical emergency. The private doctors complete refresher training in basic life support in keeping with RQIA [training guidance](#).

The service had appropriate arrangements in place to manage a medical emergency should it arise.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

During a tour of the establishment, it was observed that the consultation room was clean, tidy and uncluttered. All areas of the establishment reviewed were fully equipped to meet the needs of patients and cleaning schedules were in place.

It was confirmed that the consultation room has hand washing facilities; there were adequate supplies of personal protective equipment, liquid soap, alcohol based hand gels and disposable hand towels available. Appropriate arrangements were in place for the management of clinical waste.

The service had appropriate arrangements in place in relation to IPC and decontamination

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their patients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mrs Stevenson and Miss Hollywood who outlined the measures taken by Healthwise Weight Loss Clinic to ensure current best practice measures are in place. Appropriate arrangements were in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The establishment was found to be clean, tidy and well maintained. Miss Hollywood confirmed that arrangements for maintaining the environment were in place.

The most recent fire risk assessment had been reviewed by Mrs Stevenson and most of the recommendations made by the fire risk assessor had been addressed however, Mrs Stevenson advised that there are some recommendations that require to be addressed by the landlord who owns the building. This was discussed and Mrs Stevenson and Miss Hollywood agreed to ensure that the outstanding recommendations would be addressed as a matter of urgency. An area for improvement has been stated for a second time in this regard.

Miss Hollywood confirmed that fire drills and fire awareness training had been completed by all staff. Miss Hollywood confirmed that all staff were aware of the action to take in the event of a fire.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.8 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

Review of documentation confirmed that the establishment had a policy and procedure in place for the management of records. Following the previous inspection the policy was reviewed to include the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records in keeping with best practice guidance and legislative requirements.

Mrs Stevenson confirmed that the private doctors were aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. All patient records were held manually and no electronic records were maintained.

The establishment is not currently registered with the Information Commissioners Office (ICO). This was discussed and Miss Hollywood confirmed that the ICO have confirmed that they do not require to register their service.

Review of two patient care records relating to the private doctor services found that all entries were dated and signed by the private doctor and outlined a contemporaneous record of the treatment provided. The records were found to be maintained in line with best practice guidance.

It was determined that clinical records are managed per legislation and best practice guidance.

5.2.9 How does the service ensure that patients are treated with dignity and respect and are involved in the decision making process?

Discussion with Mrs Stevenson and Miss Hollywood regarding the consultation and treatment process confirmed that patients are treated with dignity and respect. The consultations and treatments are provided in a private consultation room with the patient and private doctor present. If required, information is provided to the patient in verbal and written form during their consultation to allow patients to make choices about their care and treatment and provide informed consent.

Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

Healthwise Weight Loss Clinic obtains the views of patients on a formal and informal basis as an integral part of the service they deliver. Patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The establishment issued feedback questionnaires to patients. Mrs Stevenson confirmed that patients were satisfied with the quality of treatment, information and care received. The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties.

Appropriate measures are in place to maintain patient confidentiality and observations made evidenced that patient care records were stored securely in a filing cabinet.

5.2.10 Are practising privileges being effectively managed?

Mrs Stevenson outlined the process for granting practising privileges and confirmed that the private doctors would meet with her prior to privileges being granted.

The private doctors personnel files reviewed confirmed that there was a written agreement between each private doctor and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties. There are systems in place to review practising privileges agreements every two years.

Whilst there was a written agreement between each private doctor and the establishment setting out the terms and conditions, a practising privileges policy was not available for review. Miss Hollywood was advised to develop a practising privileges policy to outline the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. Following the inspection RQIA forwarded further guidance regarding the development a practising privileges policy to the clinic. RQIA received confirmation following the inspection that a practising privileges policy had been developed.

Appropriate measures are in place to manage practising privileges agreements.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Miss Hollywood is the nominated individual with overall responsibility for the day to day management of the establishment when Mrs Stevenson is not onsite. Mrs Stevenson undertakes unannounced quality monitoring visits and reports are made available to patients and interested parties. The most recent unannounced quality monitoring visit report dated 30 June 2021 was reviewed during the inspection.

Policies and procedures were available for staff reference. Miss Hollywood has developed a system to ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patients' guide. Miss Hollywood confirmed she was knowledgeable about how to respond to complaints.

Miss Hollywood confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. There had been no recent complaints made regarding the service provided. Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Miss Hollywood was aware that notifiable events should be investigated and reported to RQIA or other relevant bodies as appropriate. However, an incident policy had not yet been developed. Mrs Stevenson and Miss Hollywood were sent guidance following the inspection on how to develop an incident policy. RQIA received confirmation following the inspection that an incident policy had been developed.

Mrs Stevenson and Miss Hollywood demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes.

The RQIA certificate of registration was displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in relation to the equality of opportunity for patients and the importance of being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs Stevenson and Miss Hollywood who told us that equality data is collected and managed in line with best practice.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the registered person.

As discussed, one area for improvement has been made against the regulations that has been stated for a second time concerning the fire risk assessment.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#).

	Regulations	Standards
Total number of Areas for Improvement	1*	0

The total number of areas for improvement includes one that has been stated for a second time.

The area for improvement and details of the QIP were discussed with Mrs Stevenson, Registered Person and Miss Hollywood, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 25 (4) Stated: Second time To be completed by: 23 September 2021	The registered person shall review the fire risk assessment and address any recommendations made. Ref: 5.2.7 Response by registered person detailing the actions taken: Margaret has been in contact with the landlord (Mr Acheson Elliott) in regards to the fire risk assessment highlighting the importance of the listed recommendations on his behalf. Mr Elliott has ensured he will carry out the said actions asap.

Please ensure this document is completed in full and returned via Web Portal



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