



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Healthwise Weight Loss Clinic
Establishment ID No: 12192
Date of Inspection: 5 March 2015
Inspector's Name: Winnie Maguire
Inspection No: 17399

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of establishment:	Healthwise Weight Loss Clinic
Address:	11b Trevor Hill Newry BT34 1DN
Telephone number:	02830252266
Registered organisation/ registered provider:	Mrs Margaret Stevenson
Registered manager:	Mrs Margaret Stevenson
Person in charge of the establishment at the time of inspection:	Mrs Margaret Stevenson
Registration category:	PD (Private Doctor)
Date and time of inspection:	5 March 2015 10:00-12:15
Date and type of previous inspection:	Follow Up Pre-Registration 13 March 2014
Name of inspector:	Winnie Maguire

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of private doctor services, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts;

self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information and self-assessment
- Discussion with Mrs Stevenson, the registered provider/manager
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed patient feedback questionnaires, issued by the clinic	7
Telephone with one private doctor	1

2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments.

- Standard 1 – Informed Decision Making
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 9 – Clinical Governance
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges
- Standard 16 – Management and Control of Operations
- Standard 18 – Dealing with Medical Emergencies

3.0 Profile of Service

Healthwise Weight Loss Clinic is located on the first floor of a converted office building in the centre of Newry city.

On street and public parking is available for patients.

The inspection pertains only to the scope of practice of the private doctor service which falls within the legislative framework. There are currently two private doctors who provide a weight management service and one of the doctors also provides an aesthetic skin injectable service. In addition there is a general practitioner (GP) who is on the performers list for Northern Ireland. This doctor's provision of medical services within the clinic does not fall within the scope of the clinic's private doctor registration.

The clinic has a consultation room, toilet facilities and waiting areas. There is controlled access to the clinic.

The establishment's Statement of Purpose was in place which outlined the range of services to be provided.

Healthwise Weight Loss Clinic is registered as an independent clinic providing private doctor services (PD).

Mrs Margaret Stevenson has been the registered person and manager since March 2014.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 5 March 2015 from 10.00 am to 12.15. The inspection sought to establish the compliance being achieved with respect to The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the DHSSPS Minimum Care Standards for Independent Healthcare Establishments.

There were no requirements or recommendations made as a result of the previous pre-registration follow up inspection on 13 March 2014.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Mrs Stevenson was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A Statement of Purpose was in place which reflected legislative and best practice guidance. A recommendation was made to further develop the Patient Guide.

The clinic provides comprehensive information to their patients on the types of services provided via patient information leaflets.

The establishment has systems in place to obtain the views of patients on a formal and informal basis. The inspector reviewed the completed patient feedback questionnaires and found that patients were highly satisfied with the care and treatment provided. A recommendation was made to collate the information from the questionnaires into a summary report and make it available to patients and other interested parties.

Healthwise Weight Loss Clinic has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered person/manager displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. The registered person/manager is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The inspector reviewed incident management and a recommendation was made to devise an incident policy and procedure which should include reporting arrangements to RQIA. No incidents have been recorded by the establishment however systems are in place to document and manage any incidents that may occur. Mrs Stevenson was aware of the requirement to report incidents in line with the legislation.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance. This includes the registered manager ensuring that all staff abide by their professional codes of conduct and reporting arrangements to professional bodies if necessary.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

A recommendation was made to devise a record management policy and procedure which should include the completion of clinical records. A recommendation was also made to register with the Information Commissioners Office (ICO).

The inspector reviewed six patient records relating to the private doctor service and found them to be completed in line with best practice and contained a contemporaneous record of all care and treatment provided to the patient. Mrs Stevenson confirmed she regularly audits the patient records to ensure they are completed appropriately. A recommendation was made to make a record of the patient record audit.

The establishment has a policy and procedure on resuscitation in place. The inspector reviewed the arrangements for dealing with a medical emergency and found that they complied with best practice. Training records confirmed the private doctors had up to date basic life support training.

The inspector reviewed the personnel files of two medical practitioners and found them to contain all of the information required by legislation. The medical practitioners were appropriately qualified to provide the private doctor services within the clinic.

There are formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector reviewed completed practising privileges agreements as part of the inspection process.

The certificate of registration was clearly displayed in the consultation room of the establishment.

Six recommendations were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

Overall, the establishment was found to be providing a safe and effective private doctor service to patients.

The inspector would like to extend her gratitude to Mrs Stevenson for her hospitality and contribution to the inspection process.

5.0 Follow Up on Previous Issues

No requirements or recommendations were made as a result of the previous inspection.

6.0 Inspection Findings

STANDARD 1	
Informed Decision Making:	Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.
<p>The clinic provides information leaflets to all patients which outlines the services and treatments provided. Prospective patients and other interested parties can contact the clinic for information via telephone.</p> <p>Following the initial consultation/treatment patients are provided with written information that they can take home with them which explains the treatment provided and associated risks and complications.</p> <p>Information is written in plain English language or format.</p> <p>Information about services provided by the clinic was reviewed by the inspector and found to accurately reflect the types of private doctor service provided and were in line with General Medical Council (GMC) Good Medical Practice. The costs of treatments were found to be up to date and include all aspects of the treatment.</p> <p>The Statement of Purpose was reviewed and found to be in line with legislation. A recommendation was made to further develop the Patient Guide in line with legislation and make this available to patients and other interested parties.</p>	

Evidenced by:

**Review of information provided to patients and other interested parties
Discussion with staff**

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>Healthwise Weight Loss Clinic obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment had completed a patient satisfaction survey of seven patients in 2014. The results of the survey are reviewed by the management team within the clinic and an action plan is developed and implemented if any issues are identified. However no issues were identified as requiring to be addressed.</p> <p>The inspector reviewed the completed survey and found that patients were highly satisfied with the quality of care and treatment provided by Healthwise Weight Loss Clinic. There were no written comments received from patients and the inspector suggested amendments to the questionnaire which may allow patients to provide written opinions.</p> <p>A recommendation was made to collate the information received from the feedback patient survey into an annual summary report which should be made available to patients and other interested parties to read.</p>	

Evidenced by:

Review of patient satisfaction surveys
Discussion with staff

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider/manager demonstrated a good understanding of complaints management.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:

Review of complaints procedure

Complaint procedure made available to patients and other interested parties

Discussion with staff

Review of complaints records

STANDARD 8	
Records:	Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.
<p>A recommendation was made to devise a policy and procedure for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of, access to records and completion of clinical records.</p> <p>The inspector reviewed six patient care records relating to the private doctor services and found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of the treatment provided.</p> <p>Any alterations or additions were dated, signed and made in such a way that the original entry could still be read.</p> <p>The inspector discussed care records with the registered manager who displayed a good knowledge of effective records management. Mrs Stevenson confirmed she regularly undertakes a patient record audit to ensure records are appropriately completed. A recommendation was made to make a record of the patient record audit.</p> <p>Patient care records are held in secure locked filing cabinets.</p> <p>Information was available for patients on how to access their health records, under the Data Protection Act 1998. A recommendation was made to register with the Information Commissioner's Office (ICO).</p> <p>The management of records within the establishment was found to be in line with legislation and best practice.</p>	

Evidenced by:

Review of management of records policy
Review of management of records
Review of clinical record keeping policy and procedure
Review of patient care records
Discussion with staff
Review of storage arrangements for clinical records
Review of ICO registration

STANDARD 9	
Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
<p>The registered provider/manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> • Patient survey • Patient record audit discussed • Control of medication audit <p>A recommendation was made to devise an incident policy and procedure which includes reporting arrangements to RQIA.</p> <p>No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately. Mrs Stevenson confirmed she is aware of the requirement to report serious incidents to RQIA.</p> <p>The registered manager confirmed that no research is currently being undertaken within the establishment.</p>	

Evidenced by:

- Review of policies and procedures**
- Discussion with registered provider/manager**
- Review of audits**
- Review of incident management**
- Review of research arrangements**

STANDARD 10	
Qualified Practitioners, Staff and Indemnity	Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.
<p>The inspector reviewed the personnel files of two medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • There was evidence of current registration with the General Medical Council (GMC) • The medical practitioners are covered by the appropriate professional indemnity insurance • Evidence of enhanced Access NI disclosure check • There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC • There was evidence of ongoing annual appraisal by a trained medical appraiser <p>The inspector confirmed that each medical practitioner has an appointed responsible officer.</p> <p>Arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional regulatory bodies. The inspector reviewed the alert files as part of the inspection process and suggested the registered manager signs and dates on review.</p> <p>Discussion with the registered manager confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.</p> <p>One of the private doctors contacted the inspector prior to the inspection to ensure all the appropriate information was available for inspection and demonstrated an awareness of their responsibilities under GMC Good Medical Practice.</p>	

Evidenced by:

- Review of staff personnel files for verification of registration status with professional bodies**
- Review of professional indemnity insurance**
- Review of specialist qualifications**
- Review of arrangements for dealing with alert letter/competency**
- Review of training records**

STANDARD 11	
Practising Privileges:	Medical practitioners may only use facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.
<p>Healthwise Weight Loss Clinic has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p> <p>Medical practitioners meet with the registered person prior to privileges being granted.</p> <p>The inspector reviewed the medical practitioner’s personnel file and confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.</p> <p>There are systems in place to review practising privileges agreements every two years.</p>	

Evidenced by:

- Review of practising privileges policy and procedures**
- Review of practising privileges agreements**
- Review of medical practitioner’s personnel files**
- Discussion with staff**

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The establishment has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the establishment. Mrs Stevenson amended this policy on inspection.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificate of registration certificate was clearly displayed in the consultation room.</p>	

Evidenced by:

- Review of policies and procedures**
- Review of training records**
- Review of Patient Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

STANDARD 18	
Dealing with Medical Emergencies:	There are arrangements in place in case of medical emergencies.
<p>The establishment has a policy and procedure on resuscitation in place which is in line with the Resuscitation Council (UK) guidelines.</p> <p>The inspector reviewed the arrangements for dealing with a medical emergency.</p> <p>All medical practitioners have received training in basic life support.</p> <p>There was basic equipment and medication available for the management of a medical emergency. Systems are in place to check the equipment and medication on weekly basis.</p>	

Evidenced by:

- Review of resuscitation policy and procedure**
- Review of equipment and checks**
- Review of emergency medication and checks**
- Review of training records**
- Discussion with staff**

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Stevenson as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

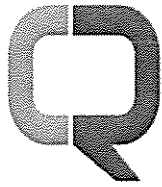
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

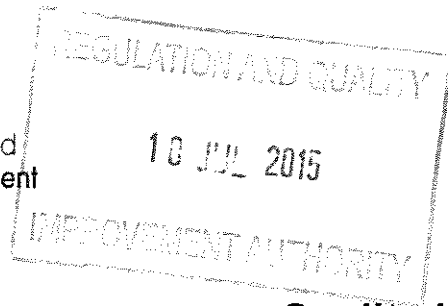
Winnie Maguire
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Winnie Maguire
Inspector / Quality Reviewer

Date



The Regulation and
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Authority



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Quality Improvement Plan

Announced Inspection

Healthwise Weight Loss Clinic

5 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Stevenson either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

RECOMMENDATIONS

These recommendations are based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	1	The registered manger should amend the Patient Guide as outlined in main body of report. Ref Standard 1	One	IN PROGRESS	Three months
2	5	The registered manager should devise a patient survey report as outlined in the main body of the report. Ref Standard 5	One	IN PROGRESS	Three months
3	8	The registered manager should devise a written policy and procedure on record management as outlined in the main body of the report. Ref Standard 8	One	IN PROGRESS	Three months
4	8	The registered manager should register with the Information Commissioners Office. Ref Standard 8	One	IN PROGRESS	Three months
5	8	The registered manager should make a record of the patient record audit. Ref Standard 8	One	IN PROGRESS	Three months
6	9	The registered manager should devise an incident policy and procedure as outlined in the main body of the report. Ref Standard 9	One	IN PROGRESS	Three months

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Winnie Maguire
 The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: M. Stevenson

NAME: MARGARET STEVENSON
 Registered Provider

DATE 8/7/15.

SIGNED: M. Stevenson

NAME: MARGARET STEVENSON
 Registered Manager

DATE 8/7/15

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		Wily	23/7/15
B	Further information requested from provider				