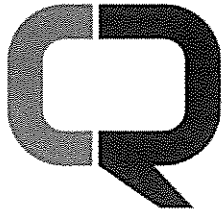


I



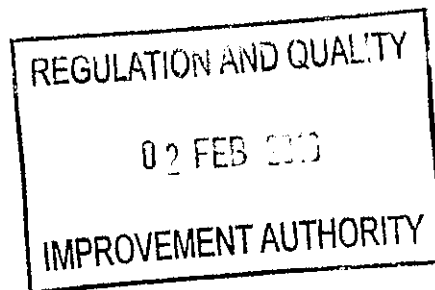
The Regulation and
Quality Improvement
Authority

Healthwise Weight Loss Clinic
RQIA ID: 12192
11b Trevor Hill
Newry
BT34 1DN

Inspector: Winnie Maguire
Inspection ID: IN023856

Tel: 02830252266

**Announced Inspection
of
Healthwise Weight Loss Clinic
18 January 2016**



The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

2

1. Summary of Inspection

An announced care inspection took place on 18 January 2016 from 10.00 to 12.30. On the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

This inspection was underpinned by 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 Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Healthcare Establishments 2014.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Margaret Stevenson registered person/manager and can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Healthwise Weight Loss Clinic Mrs Margaret Stevenson	Registered Manager: Mrs Margaret Stevenson
Person in Charge of the Establishment at the Time of Inspection: Mrs Margaret Stevenson	Date Registered: 25 March 2014
Categories of Care: Independent Clinic - Private Doctor	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 1 – Informed Decision Making
- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

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

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Mrs Stevenson registered person/manager.

The following records were examined during the inspection:

- Six Patient care records
- Completed patient satisfaction questionnaires
- Summary report of patient satisfaction survey
- Policies and procedures
- Insurance documentation
- Information provided to patients
- Two medical practitioner personnel files
- Practising privileges agreements
- Certificate of RQIA registration

5. The Inspection

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 5 March 2015. The completed QIP was returned and approved by the care inspector.

5.1 Review of Requirements and Recommendations from the Last Care Inspection dated 5 March 2015

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 1</p> <p>Stated: First time</p>	<p>The registered manger should amend the Patient Guide as outlined in main body of report.</p> <hr/> <p>Action taken as confirmed during the inspection: A Patient Guide is in place which is in line with legislation.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered manager should devise a patient survey report as outlined in the main body of the report.</p> <hr/> <p>Action taken as confirmed during the inspection: A patient survey report is in place and is made available to patients in the information file which is located in the waiting area of the clinic.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered manager should devise a written policy and procedure on record management as outlined in the main body of the report.</p> <hr/> <p>Action taken as confirmed during the inspection: A record management policy and procedure was devised and forwarded to RQIA following inspection.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered manager should register with the Information Commissioners Office.</p> <p>Ref Standard 8</p> <hr/> <p>Action taken as confirmed during the inspection: Mrs Stevenson confirmed she had contacted the Information Commissioner's Office (ICO) and had been informed the clinic did not require to register with the ICO. Mrs Stevenson was advised to request the ICO to confirm their decision in writing to her.</p>	<p>Met</p>

Recommendation 5 Ref: Standard 8 Stated: First time	The registered manager should make a record of the patient record audit. Action taken as confirmed during the inspection: There is a record of the patient record audit in place	Met
Recommendation 6 Ref: Standard 9 Stated: First time	The registered manager should devise an incident policy and procedure as outlined in the main body of the report. Action taken as confirmed during the inspection: There is an incident policy and procedure in place which is in line with legislation.	Met

5.2 Standard 1 – Informed Decision Making

Is Care Safe?

Information about services provided by the clinic was reviewed 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.

Advertising campaigns and marketing strategies comply with guidance issued by the GMC.

Is Care Effective?

The establishment provides an information leaflet to all patients that outlines the services and treatments provided. Prospective patients and other interested parties can contact the establishment for information by phone.

The Statement of Purpose and Patient Guide were reviewed and found to contain all of the information required by legislation. The Patient Guide is made available in an information file located in the waiting area of the clinic.

Information provided to patients and/or their representatives is written in plain English.

Is Care Compassionate?

Discussion with Mrs Stevenson and review of documentation confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment or procedure. Patients are fully involved in planning their care and treatment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.3 Standard 4 – Dignity, Respect and Rights**Is Care Safe?**

Discussion with Mrs Stevenson confirmed that the patient's modesty and dignity is respected at all times during the consultation and treatment process. Consultations are provided in a private room.

Patient care records were observed to be stored securely in locked filing cabinets.

Is Care Effective?

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with the medical practitioner undertaking the treatment and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with Mrs Stevenson and review of six patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.4 Standard 5 – Patient and Client Partnerships**Is Care Safe?**

All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from the patient comments is collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Healthwise Weight Loss Clinic obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to patients and ten were returned and completed. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- “lovely friendly caring staff who really care for you”
- “Find everything excellent “
- “I would like the availability of more clinics in different areas”

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 to read in the information file located in the waiting area of the establishment.

Discussion with Mrs Stevenson confirmed that she reviews all comments received from patients and/or their representatives.

An action plan is developed and implemented to address any issues identified. No issues were identified as requiring to be addressed.

Is Care Compassionate?

Review of patient care records and discussion with Mrs Stevenson confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mrs Stevenson confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Mrs Stevenson confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

Mrs Stevenson demonstrated a good understanding of complaints management.

The complaints procedure is contained within the Patient Guide; copies of which are available in an information file located in the waiting area of the establishment for patients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf.

The complainant will be notified of the outcome and action taken by the clinic to address any concerns raised.

Discussion with Mrs Stevenson demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Mrs Stevenson confirmed complaints would be handled in a sensitive manner.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.6 Standard 8 - Records**Is Care Safe?**

Discussion with Mrs Stevenson confirmed staff 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. Patient care records are held in secure locked filing cabinets.

Mrs Stevenson had contacted the Information Commissioner's Office (ICO) following the last inspection she stated she was informed the establishment does not require to register with the ICO. Mrs Stevenson was advised to request this decision in writing from the ICO.

Is Care Effective?

Following inspection the establishment devised has a policy and procedure for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. It was received by RQIA on 21 January 2016 as requested.

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

There are systems in place to audit the completion of clinical patient records every month and an action plan is developed to address any identified issues. The outcome of the audit is discussed with the private doctors.

Records required by legislation were retained and made available for inspection at all times.

Is Care Compassionate?

Discussion with Mrs Stevenson and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the Data Protection Act 1988 and Freedom of Information legislation.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.7 Standard 10 – Qualified Practitioners, Staff and Indemnity

Is Care Safe?

Review of the personnel files of two medical practitioners confirmed:

- evidence of confirmation of identity;
- evidence of current registration with the General Medical Council (GMC);
- the medical practitioners are covered by the appropriate professional indemnity insurance;
- the medical practitioners have provided evidence of experience relevant to their scope of practice;
- evidence of enhanced AccessNI disclosure check;
- there was evidence of ongoing professional development and continuing medical education that meets the requirements of the Royal Colleges and GMC to ensure the medical practitioners can safely and competently undertake the treatments and services they offer;
- there was evidence of ongoing annual appraisal by a trained medical appraiser; and
- a responsible officer had been appointed.

Arrangements are in place to support medical practitioners, with a licence to practice, to fulfil the requirements for revalidation through providing an annual appraisal in line with the GMC's appraisal and assessment framework, for medical practitioners employed directly by the establishment or providing sufficient information to the responsible officer to support their revalidation, for medical practitioners who are not an employee.

Discussion with Mrs Stevenson and review of the alert files confirmed that arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff, including those with practising privileges. There are also mechanisms for reporting incompetence in line with guidelines issued by the DHSSPS and professional regulatory bodies.

Is Care Effective?

Discussion with Mrs Stevenson confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.

Medical practitioners abide by published codes of professional practice relevant to their scope of practice and retain evidence that professional registration and revalidation requirements are met.

Is Care Compassionate?

Discussion with Mrs Stevenson demonstrated that the core values of privacy, dignity, respect and patient choice are understood by the medical practitioners providing services within the establishment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.8 Standard 11 – Practising Privileges

Is Care Safe?

Discussion with Mrs Stevenson and review of the medical practitioners' files as outlined in Standard 10 confirmed that all information required by legislation is retained by the establishment prior to practising privileges being granted.

Is Care Effective?

Healthwise Weight Loss Clinic has a policy and procedure in place which outlines the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. The practising privileges agreement defines the scope of practice for each individual medical practitioner.

All practising privileges are reviewed and approved by Mrs Stevenson prior to privileges being granted.

There are systems in place to review practising privileges agreements every two years.

Is Care Compassionate?

The practising privileges agreement includes arrangements to ensure patients are treated with dignity and respect at all times while respecting their rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.10 Additional Areas Examined

Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since registration with RQIA. However discussion with Mrs Stevenson confirmed that systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

RQIA registration and Insurance Arrangements

Discussion with Mrs Stevenson and the establishment's insurance broker regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception of the premises.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Margaret Stevenson</i>	Date Completed	<i>18/1/16</i>
Registered Person	<i>Margaret Stevenson</i>	Date Approved	<i>18/1/16</i>
RQIA Inspector Assessing Response	<i>[Signature]</i> <i>Winnie Maguire</i>	Date Approved	<i>18/1/16</i> <i>18/1/16</i>

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to RQIA's office from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations.