

The Bodyline Clinic Limited

# The Bodyline Clinic Limited Openshaw

## Inspection report

1119 Ashton Old Road  
Openshaw  
Manchester  
M11 1AA  
Tel: 08454918750  
Website: [www.bodylineclinic.com](http://www.bodylineclinic.com)

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### Overall summary

We carried out an announced focused follow-up inspection on 15 January 2019 to ask the service the following key questions; Are services safe, effective, 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 well-led?**

We found that this service was not 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. CQC inspected the service on 4 September 2018 and asked the provider to make improvements regarding medical record-keeping, audit and policies and procedures. We checked these areas during this follow-up inspection and found this had mostly been resolved. This report only covers our findings in relation to those areas.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Bodyline Clinic Limited Openshaw on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### **Our key findings were:**

- Improvements had been made in medical record-keeping and prescribing was in line with the provider's policy
- Medical history and paper records were now available when patients transferred from another bodyline clinic
- Audits of medical record-keeping had been improved and actions taken in response to identified issues were effective in driving improvement

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

- Continue to make improvements to the clinical audit process to demonstrate the safety and effectiveness of the treatments prescribed.
- Continue to improve the system in place to review and update policies and procedures

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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## Detailed findings

### Background to this inspection

Bodyline Openshaw is a private clinic which provides medical treatment for weight loss, and has been registered with CQC since January 2018. The clinic is open on Tuesdays from 4:30pm until 7:30pm, and Saturdays from 9:30am until 12:30pm. The premises comprise of a reception and waiting area, and consulting rooms situated on the ground floor. There is a clinic manager

and five nurses who carry out patient consultations. One of the nurses is the registered manager. 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 inspection team was led by a CQC lead inspector. The team also included a member of the CQC medicines team.

# Are services safe?

## Our findings

At our previous inspection, we found clinicians did not always follow prescribing policies and record the rationale for prescribing decisions when the policy had not been followed. We also found there was no written policy for incident reporting. At this inspection we found some improvements had been made:

- Individual care records were written and managed in a way that kept patients safe. A new client health questionnaire and revised record card provided more detailed information for clinicians at the point of prescribing.
- The care records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We reviewed 12 patient medical records and found prescribing was in-line with the provider's policy.
- Staff knew how to record and act on significant events, however an incident reporting policy had still not been introduced to support staff in recording incidents. Following our inspection, the provider sent us evidence that an appropriate incident reporting policy had been implemented.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our last inspection, we found staff did not always have access to the previous medical record, and did not always complete a new patient medical history before treating patients when they transferred from another Bodyline location. In addition, there was no audit system in place to monitor the effectiveness of the treatments provided. At this inspection we found some improvements had been made:

- Patients' immediate and ongoing needs were fully assessed; this included ongoing monitoring of Body Mass Index (BMI) and blood pressure in line with the provider's policy.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and their medicines history. We saw that medical history and paper records were now available when patients had transferred from another bodyline clinic.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP, and the medical record card had been updated since our last inspection to facilitate this.
- Steps had been taken to complete a review of each patient's treatment after 12 weeks to ensure it was effective. Data collection had started, however the provider had not yet completed any audits of treatment effectiveness. The registered manager told us they planned to begin reviewing the data in March 2019.

# Are services well-led?

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

## Our findings

At our previous inspection, we found some policies and procedures were overdue a review. In addition, the actions taken in response to issues identified through audits of medical records were not always effective and did not drive improvements. At this inspection, we found some improvements had been made:

- The provider had established proper policies and procedures which were stored on an electronic shared platform. However, leaders had not assured themselves that policies were regularly reviewed. We checked 90 policies and found 19 were overdue a review. In addition, one policy which had been recently reviewed was not available on the electronic system for staff to access. There was more than one version of some

policies in existence, which meant staff may not always have access to the latest version. Following our inspection, the provider sent us evidence that a comprehensive review of all policies had been undertaken, and IT issues had been resolved so that staff could access policies through the electronic shared platform.

- The registered manager now carried out monthly audits of medical record-keeping. This included a sample of patients seen by each clinician working at the service. An audit carried out in December 2018 showed improvements had been made since our last inspection, and an action plan had been put in place to drive further improvement. The audit had been repeated in January 2019 and 100% of medical records met the audit criteria.