

Independent Healthcare Inspection Report (Announced)

Weight Loss Wales, Online Clinic

Inspection date: 24 April 2024

Publication date: 25 July 2024



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83625-459-1

© Crown copyright 2024

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	10
• Quality of Management and Leadership	12
4. Next steps.....	13
Appendix A - Summary of concerns resolved during the inspection	14
Appendix B - Immediate improvement plan.....	15
Appendix C - Improvement plan	16

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Weight Loss Wales on 24 April 2024.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors and a clinical peer reviewer. The inspection was led by a Senior Healthcare Inspectors.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. However, none were received

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Overall, we found the service to be providing a quality experience for patients which included individualised care plans.

The registered manager showed a professional and polite manner during the inspection.

This is what we recommend the service can improve

- The service should provide copies of the patient guide and statement of purpose on the clinic website
- The service should develop an Equality and Diversity policy to support their existing processes.

This is what the service did well:

- Patient information was clearly displayed on the website and also emailed to patients
- A cooling off period was given following the initial consultation
- Providing access to help and support throughout the treatment process.

Delivery of Safe and Effective Care

Overall summary:

The registered manager had suitable arrangements in place to provide safe and effective care to patients via an online service. These arrangements were supplemented by a range of up to date and relevant written policies and procedures.

We found medical records to be secure, comprehensive and organised. Following the initial consultation patients were able to contact the service through text, call or WhatsApp if they required further support.

The registered manager undertook an online injection technique tutorial for each patient to ensure they were confident to self-administer the medication.

This is what the service did well:

- Medical records were contemporaneous, clear, organised and securely stored
- Clinical sharps waste bin were provided to each patient

- An online injection technique tutorial was provided for all patients.

Quality of Management and Leadership

Overall summary:

There were clear governance arrangements in place. Although there were no staff employed at the service, we found that the registered manager ensured that they received appropriate training and appraisal in line with professional requirements.

We saw audit activity had been carried out.

This is what the service did well:

- The registered manager had received appropriate training
- The registered manager had received an appropriate appraisal from an external reviewer
- Audits had been completed to monitor performance.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Health protection and improvement

The registered manager delivered the service online via online booking and consultation. We found health promotion information regarding healthy food choices and exercise available on the services website. We were told the service provides tailored health promotion information to each individual client. Links to this information were also available on the website.

Dignity and respect

We were told that all patients were consulted virtually, the clinician was always in a private location and the patients were asked to use a private location that was convenient for them.

Communicating effectively

We found the service's website to contain clear and accurate information. The registered manager provided us with a copy of the statement of purpose which had been recently updated and contained all the relevant sections required. However, we recommended that this was made available on the service's website for people to view.

We reviewed the patient guide and found it to contain all the relevant sections required. However, we recommended the service has a copy of this displayed on their website.

The service must provide copies of the statement of purpose and patient guide on the website.

The registered manager explained that patients were offered additional language supports such as language line or equivalent, where necessary.

Patient information and consent

We were provided with a copy of the consent policy which contained arrangements for consent on all patients at Weight Loss Wales. We saw that reasonable adjustments and accessible communication formats were offered. The registered manager stated that the service treated patients with fairness, dignity, respect, equality and autonomy.

Care planning and provision

We were told that the service regularly requests feedback from patients for appraisal and audit purposes and to ensure a service driven by patients.

We found that the initial consultation covered all aspects of health, wellbeing, patient expectations and ensuring patients understood the weight management options. Patients were provided with comprehensive information leaflets which could also be accessed on the services website. Patients were able to contact the provider at any time following the consultation via text, call or on WhatsApp.

Equality, diversity and human rights

We were told that Weight Loss Wales provided services that were accessible to all patients regardless of characteristics. However, there was no policy to support this.

The service must produce an Equality and Diversity policy to support the accessible services it provides.

Citizen engagement and feedback

We were told that the service regularly requested feedback from patients for appraisal and audit purposes and to ensure a service driven by patients.

Delivery of Safe and Effective Care

Managing risk and health and safety

The service was delivered entirely online.

Infection prevention and control (IPC) and decontamination

The registered manager told us that they assisted the patient with the first injection to ensure technique and cleanliness were correct. This was done via an online video call and with every patient. We were told that a sharps waste bin was sent to all patients for the safe disposal of their medical waste. These were then disposed of via a local pharmacy or general practice surgery.

Safeguarding children and safeguarding vulnerable adults

There was a safeguarding policy in place that had been recently reviewed and the policy included safeguarding details of the local safeguarding teams. The registered manager was the safeguarding lead and they had completed the relevant training. They also had access to the All-Wales Safeguarding application to ensure that they were aware of national policy and legislation, as well as local area procedures.

The safeguarding lead was aware of what to do if a safeguarding concern was noted.

Safe and clinically effective care

We found that the service strived to provide safe and effective care to all patients. We saw that the services provided followed national guidelines.

Evidence was provided of quality indicators and audits used to monitor patient care. This included evidence provided that showed that the majority of those surveyed had lost weight. There was also an audit of the monitoring of records and record keeping.

Medications management

We were told medications were provided from an online pharmacy called Church Pharmacy. Prescriptions were authorised by the service and delivered directly to the patient. Accurate records were kept by the pharmacy and the service.

Records management

Medical records were kept on a secure database which was password protected. The software was customised by the registered manager and we saw a comprehensive account of patients physical and mental health.

We checked a sample of five patient medical records and noted that they were clear and accurate. We found all records to be very contemporaneous with the WhatsApp follow up conversation recorded with date and time of each entry.

We were told that all clients were required to undertake an online video consultation to ensure the information regarding height and weight was accurate.

There was evidence on the initial consultation and subsequent consultation that the necessary checks were in place. Patients were given digital patient information leaflets specific to their individual needs.

Quality of Management and Leadership

Governance and accountability framework

We found the service to have a clear and robust governance framework. There were currently no employees at the service. The registered manager was the only person employed and working at the service and we were told there were no plans to expand.

We noted that a disclosure and barring services (DBS) check had been completed as part of the registered managers professional registration.

As the service had no physical premises, we recommended displaying the HIW certificates of registration on the website.

Dealing with concerns and managing incidents

The service had a complaints policy that included details of HIW and the policy was also included in the clinic statement of purpose. We were told that all complaints would be dealt with internally. Both verbal and informal concerns and complaints would be captured and recorded by the registered manager.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Weight Loss Wales

Date of inspection: 23 April 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Weight Loss Wales

Date of inspection: 23 April 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The service must provide copies of the statement of purpose and patient guide on the website.	Independent Health Care (Wales) Regulations Regulation 6 & 7(2)			
The service must produce an Equality and Diversity policy to support the accessible services it provides.	National Minimum Standards. Standard 2			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: