North London Slimming Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

This service is rated as Requires improvement overall. (Previous inspection November 2019 – Inadequate)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at North London Slimming Clinic as part of our inspection programme to follow up on breaches of regulations.

CQC inspected the service on 23 November 2019 and rated it as inadequate. The service remained in special measures. We asked the provider to make improvements regarding safe care and treatment and good governance. We checked these areas as part of this comprehensive inspection. We found that there had been improvements in safe care and treatment, but there were continued breaches of regulations relating to good governance.

North London Slimming Clinic is located in Enfield, London. It provides weight loss services including the prescribing of medicines for the purposes of weight reduction.

The clinic manager 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 key findings were:

- There had been improvements in the way medicines requiring refrigeration were handled.
- Some of the safety checks such as fire and electrical equipment checks were overdue on the day of the inspection, but were carried out soon afterwards.
- Care records included the information needed to deliver safe care, and were updated after a break in treatment.
- Patients' needs were fully assessed and recorded before treatment.
- The facilities and premises were appropriate for the services delivered and the provider had introduced a one way system to encourage social distancing.
- Policies had been reviewed and updated.
- Staff told us they were kept informed and felt able to raise concerns.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Overall summary

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed
- Display the latest CQC rating conspicuously

The areas where the provider **should** make improvements are:

- Enable stakeholders, including people who use the service, to give their views and respond to that information.
- Include in the complaints policy other forms of complaints and not those only submitted in writing.
- Improve the provision of equality and diversity training.
- Monitor progress against the strategy.
- Improve the process for clinical audits to include a process to identify and carry out follow up actions.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

This service will remain in special measures. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a member of the CQC medicines team and included another CQC inspector.

Background to North London Slimming Clinic

North London Slimming Clinic is an independent slimming clinic located in a residential property in Enfield, London. There is a ground floor reception, waiting room and consulting room. It is accessible by public transport, and there is parking available on the street close to the clinic.

The weight loss services, including the prescribing of medicines for the purposes of weight loss, are provided under the supervision of a doctor. The service is available to adults aged 18 and over. The clinic is open on Saturdays from 9am to 1pm.

How we inspected this service

During the inspection we spoke to the registered manager, clinical and reception staff, and reviewed a range of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

At the last inspection in November 2019, we rated safe as inadequate because medicines requiring refrigeration were not handled safely and medicines were not always prescribed in line with local policy or national guidance. At this inspection we found that improvements had been made in these areas. However we rated safe as requires improvement because staff checks had not been carried out in line with the recruitment policy, and the service had not carried out audits to monitor prescribing against local policy or national guidance.

We identified a safety concern that was rectified soon after after our inspection. Fire and equipment safety checks were overdue.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse but they were not always followed.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At the last inspection, we found that the provider had made improvements in recording checks on staff identity and employment history. During this inspection, we found that there was a policy in place but the provider had employed a member of staff without making the required checks and they had not followed their policy in undertaking Disclosure and Barring Service (DBS) checks for that person. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The premises were clean, hand gel was available for staff and patients and staff were using protective personal equipment.
- A legionella risk assessment had been carried out.
- On the day of the inspection, fire and electrical checks were overdue. The manager provided evidence that these were carried out soon afterwards.
- On the day of the inspection the fire risk assessment was overdue. The manager provided evidence that it was carried out soon afterwards.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety but they were not always followed.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for agency staff although no agency staff had been used.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- At the last inspection we found that the service did not assess and monitor the impact on safety of changes to the service. During this inspection we found that improvements had been made. Processes had been put in place for all medicines used in the service, including those recently added.

Requires Improvement

Are services safe?

- There were appropriate indemnity arrangements in place.
- The service did not keep the emergency medicines recommended in national guidance and they had carried out an appropriate risk assessment to inform this decision. This is a service where the risk of medical emergency is low.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- At the last inspection we found that individual care records were not always written and managed in a way that kept patients safe. During this inspection we found improvements and the care records we saw showed that information needed to deliver safe care and treatment was available. Height and weight were recorded and used to calculate Body Mass Index, a target weight was recorded and records were updated if a patient returned after a break in treatment.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- At the last inspection the systems and arrangements for managing medicines did not minimise risks. On this inspection we found that improvements had been made in the handling of medicines which require refrigeration.
- At the last inspection we found that staff did not always prescribe and supply medicines in line with legal requirements and current national guidance. At this inspection we found improvements had been made. There was a policy which set out the treatment criteria and records showed that prescribing was in line with this. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. However the service had not carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed and supplied Schedule 3 Controlled Drugs. At the last inspection we found that checks were not made to show that the total stock balanced with the records. This time processes were in place for checking medicines and staff kept accurate records of medicines.
- Some of the medicines this service prescribed for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

Track record on safety and incidents

The service did not have a good safety record.

- There were risk assessments in relation to safety issues.
- Safety documentation was not reviewed regularly meaning that the service did not always understand risks. There was no clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had processes in place to learn and make improvements when things went wrong

Requires Improvement

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- At the last inspection we saw that the service did not learn and share lessons, identify themes or take action to improve safety in the service. At this inspection there was an incident policy in place although no events had been recorded.
- The provider was aware of the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.
- The service was aware of external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

At the last inspection we rated effective as inadequate because clinical assessment and consent to share information with a patient's GP was not always documented. At this inspection improvements had been made in documentation but we rated effective as requires improvement because not all staff had been provided with induction training.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- At the last inspection we found that the provider did not always assess needs and deliver care in line with relevant and current evidence based guidance and standards. At this inspection we found that patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- At the last inspection we found that clinicians did not always have enough information to make or confirm a diagnosis. At this inspection improvements had been made and records were updated when a patient returned from an extended break in treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, for example there were clear protocols for regular measurement of weight and blood pressure before further prescriptions were issued.

Monitoring care and treatment

The service was involved in quality improvement activity.

- At the last inspection we found that the service had made limited progress in using completed audits to improve the quality of care and outcomes for patients. At this inspection we saw that one audit cycle had been completed, comparing the effectiveness of different medicines on weight loss over a period of 12 weeks. There was a plan to repeat the audit in 12 months with a larger patient sample.

Effective staffing

Some staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme in place but one member of staff had not been given induction training.
- The doctor was registered with the General Medical Council and was up to date with revalidation
- Records of skills, qualifications and training were maintained. They could not all be found on the day of the inspection but were provided soon afterwards.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Patients were signposted to other services when appropriate.

Requires Improvement

Are services effective?

- Before providing treatment, doctors at the service obtained information about patient's health and their medicines history by asking patients to complete a questionnaire. This ensured they had adequate knowledge of the patient's health and medicines history.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. At the last inspection we found that this section of the record was not always completed. On this inspection all the records we reviewed included this information although there were no examples of information shared when consent was obtained.
- The service monitored the process for seeking consent appropriately and all the records we reviewed showed that this section was completed and signed by the patient.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Information leaflets were available covering a range of diets.
- Risk factors were identified and highlighted to patients.
- If the medicines available at the clinic were not suitable, patients were given information about services available from alternative providers including the NHS.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good.

There were areas in which improvements could be made and the service should review whether there are alternative ways to seek patient feedback if they do not wish to use paper forms.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had not carried out a patient survey due to COVID-19 restrictions on handling paper forms and limiting time in the clinic, and had not identified alternative ways to collect patient feedback.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were not available for patients who did not have English as a first language and the provider had not identified a need for this.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations with the doctor were held in a private room where people could discuss sensitive issues.

Good

Are services responsive to people's needs?

We rated responsive as Good.

At the last inspection we rated responsive as requires improvement because there was no process for recording and reviewing complaints. At this inspection we found that a policy had been put in place.

There are areas where improvements should be made and the provider should review their policy of accepting written complaints only.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider was aware that their patients would like more clinic sessions and had considered this.
- The facilities and premises were appropriate for the services delivered and the provider had introduced a one way system to encourage social distancing.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- The service had introduced an appointment system to reduce crowding and encourage social distancing.

Listening and learning from concerns and complaints

The service had a process for complaints and concerns and responding to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- At the last inspection we found there was no clear process for recording and reviewing complaints. During this inspection we saw there was a policy in place, but there were no examples of complaints that had been recorded and reviewed. The policy stated that written complaints only were accepted.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

At the last inspection we rated well-led as inadequate because leadership capacity, monitoring processes, governance arrangements and continouous improvement were lacking. At this inspection we rated well-led as inadequate because we saw that although policies and processes had been put in place, a lack of leadership capacity and skills meant that they were not operated effectively. The CQC rating was not displayed at the location.

There were areas for improvement and the provider should:

- Review the provision of equality and diversity training
- Review the way in which progress against the strategy is monitored to ensure delivery
- Review the process for clinical audits to include a process to identify and carry out follow up actions

Leadership capacity and capability;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- At the last inspection we found that the registered manager did not understand all challenges or how to address them. At this inspection we found that although processes had been put in place they were not being operated effectively to address the challenges to the service.
- At the last inspection we found that the manager did not always work closely with staff to prioritise compassionate and inclusive leadership. At this inspection we found that systems had been put in place but managers did not always work closely with staff to ensure that they were operated effectively.
- At the last inspection we found that the provider did not have effective processes to develop leadership capacity and skills. At this inspection we were told that the manager had sought support to put policies and systems in place but they were not able to demonstrate that they were operating those systems as intended.

Vision and strategy

The service had a vision and strategy to deliver care and promote good outcomes for patients.

- There was a vision and set of values. However,there was no clear strategy and supporting business plans to achieve priorities.
- The service discussed its vision and values informally with staff.
- Staff were aware of and understood the vision and values and their role in achieving them.
- At our last inspection we found that the service did not monitor progress against delivery of the strategy, and there was no change at this inspection.

Culture

The service had a culture of sustainable care.

- At the last inspection, some staff said they did not always feel respected. During this inspection staff told us they were happy to work for the service.
- The service focused on the needs of patients.
- There were no records of incidents or complaints. The provider was aware of the duty of candour.
- The CQC rating was not displayed at the location, to inform patients and the public of the quality of care at the service.
- Staff told us they could raise concerns.
- There were processes for providing staff with the development they need. There was a policy for annual appraisals.

Inadequate

Are services well-led?

- The safety and well-being of all staff was considered.
- Records showed that some staff, including the manager, had not received equality and diversity training.
- At the last inspection we saw examples of difficult relationships between staff that were not managed well. During this inspection we observed positive relationships between staff.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were not always clear.

- At the last inspection we found that structures, processes and systems to support good governance and management were not clearly set out, understood or effective. During this inspection we found that processes and systems had been put in place but were not being used effectively. For example there was no clear policy or shared understanding of which staff could access clinical records.
- Staff were clear on some of their roles and accountabilities but the manager had not ensured that all activities were assigned, for example they had not ensured that equipment checks such as fire extinguisher expiry dates were carried out.
- At the last inspection we found that polices were out of date, it was unclear which policies were in use, and there was no evidence of a system to ensure staff were operating them as intended. This time we found that policies had been reviewed and updated but they could not all be found on the day of the inspection and the manager had not assured themselves that they were operating as intended. For example the policy we were shown for records had not been updated to cover the electronic record system.
- We did not see examples of accurate and useful performance information reported and used to monitor the quality of care.
- Plans had been developed to address the weaknesses identified at the last inspection.
- The service submitted data or notifications to external organisations as required.
- Since the last inspection an electronic patient record system had been introduced. This led to improvements in record keeping. However the arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were not in line with data security standards. Staff acess to clinical records was not clearly defined and controlled and the provider had not considered whether they needed to register with the Information Commissioner's Office.
- Records relating to the service such as training records, safety records and policies were not maintained securely and some could not be found.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- At the last inspection there were no effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. At this inspection we saw that processes had been put in place but were not being followed. For example equipment and premises checks had not been scheduled in time and the monthly infection prevention and control audit had not been completed since July 2020.
- At the last inspection we found that the performance of clinical staff was not monitored through audit of their consultations, prescribing and referral decisions. At this inspection there had been no improvement in processes to manage current and future performance.

Inadequate

Are services well-led?

- At the last inspection we found that there was no oversight of trends and themes arising from safety alerts, incidents and complaints. At this inspection the manager described a system intended to give oversight but was not able to demonstrate that it was used effectively. They did not recognise an incident which arose on the day of the inspection, relating to access to patient records, as needing to be recorded and investigated.
- A clinical audit had been undertaken but there was no evidence of action to change services to improve quality.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- At the last inspection we found that quality and operational information was not used to ensure and improve performance. During this inspection we did not see any improvement, for example no records audits had been undertaken and there was limited use of the views of patients.

Engagement with patients, the public, staff and external partners

The service involved staff to support sustainable services but engagement with patients was limited.

- At the last inspection we found that the provider did not act on the views and concerns of patients and staff. At this inspection we saw that staff feedback had been used to make changes, for example the introduction of electronic records.
- There were no examples to show that the provider sought the views of patients, and they had not identified alternative means of getting feedback during COVID restrictions.
- There were no formal systems to support improvement and innovation work but changes had been made to the way the service operated, for example patient flow had changed to reduce infection risk during the COVID-19 pandemic.
- There were no formal staff meetings but staff told us they were kept up to date through regular one to one communication with the manager.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

- At the last inspection we found a limited focus on continuous learning and improvement. This time we saw that changes had been made in line with findings from the last inspection.
- At the last inspection we found that the service did not make use of internal and external reviews of incidents and complaints. During this inspection we found that polices had been put in place but the manager was not able to demonstrate that they were aware of or followed the processes. For example an incident which arose on the day of the inspection, relating to access to patient records, was not recognised as an incident that needed to be investigated and any actions or learning to be implemented as a result.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Services in slimming clinics	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Warning notice The manager did not operate effective processes to ensure that only persons of good character were employed. In particular we found • the necessary information had not been requested and reviewed for one member of staff This was in breach of Regulation 19, section (1) (2), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Services in slimming clinics	Regulation 17 HSCA (RA) Regulations 2014 Good governance Warning Notice The manager did not operate effective systems to assess, monitor and improve the quality and safety of service provided. In particular we found: • information was not obtained from audits, patient views or performance monitoring and used to monitor the quality of care • no audits had been undertaken to monitor the consultations, prescribing and referral decisions of clinical staff • there were no audits or other systems used to provide information on quality and safety The manager did not operate effective systems to assess, monitor and mitigate risks to the health, safety and welfare of service users and others. In particular we found:

This section is primarily information for the provider

Enforcement actions

- the fire risk assessment and fire and equipment safety checks were overdue and there was no effective process to ensure they took place regularly.
- the monthly infection prevention and control audit had not been completed regularly
- The incident policy was not operated effectively.

The manager did not operate effective systems to ensure that records were maintained securely. In particular we found:

- the policy had not been updated to include the electronic record system and there was no clear policy on which staff should be able to access each type of record
- the manager had not considered whether, in line with the Data Protection Act 2018, they were required to register with the Information Commissioner's Office
- records relating to the regulated activity such as policies, safety records and training records were not stored securely

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.