

Mrs Ingrid Camilleri

# Kings Private Clinic

## Inspection report

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### Overall summary

We carried out an announced follow up inspection on 20 February 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 not providing safe care in accordance with the relevant regulations

##### **Are services effective?**

We found that this service was not 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. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 24 October 2018 and asked the provider to make improvements regarding how they

provided safe care and treatment and how they demonstrated good governance. We checked these areas as part of this follow up inspection and found this had not been resolved.

Kings Private clinic Maidstone is an independent clinic which provides weight management services. Services offered to patients include prescribed medicines as well as advice on diet and lifestyle.

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:**

- The provider lacked systems to monitor the quality of the care delivered.
- The provider lacked systems to check that staff delivering the service were of good character
- The provider lacked systems to check that appropriate insurance arrangements were in place.
- Staff treated patients with care and respect.
- The clinic was in a good state of repair, clean and tidy.

We identified regulations that were not being met and the provider must:

# Summary of findings

- Introduce a system to monitor the quality of the service provided.
- Introduce a system to ensure that the clinic manager has assurance that all clinicians are of good character and have the appropriate indemnity arrangements when working at the clinic.

You can see full details of the regulations not being met at the end of this report.

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

- Review the prescribing of medicines and only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

# Kings Private Clinic

## Detailed findings

### Background to this inspection

Kings Private Clinic Maidstone is an independent provider of weight management services. Patients can access prescribed medicines as well as advice on diet and lifestyle. The clinic is in Maidstone town centre. It occupies the ground and first floor of a building which has toilet access. The clinic offers step free access to patients and is open on Wednesdays and Fridays.

We undertook this inspection on 20 February 2019. Our inspection team was led by a CQC Pharmacist Specialist supported by a member of the CQC medicines optimisation team. Prior to the inspection we reviewed

information about the service, including the previous inspection report and information given to us by the provider. We spoke to clinical and non-clinical staff, reviewed a range of documents and observed staff talking to patients.

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

- Is it safe?
- Is it effective?
- Is it well-led?

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

# Are services safe?

## Our findings

### Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- At the last inspection we found that the provider did not always have evidence of appropriate employment checks for prescribers. At this inspection we found the provider did not always carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). When checked there was no record of a DBS check or references present for the doctor currently working at the clinic.

#### • Risks to patients

There were no systems to assess, monitor and manage risks to patient safety.

- At the previous inspection we found that prescribers did not have appropriate professional indemnity arrangements in place. At this inspection the provider did not have evidence of the professional indemnity arrangements for the doctor who had been working at the service since December 2018. This had not been identified prior to the inspection taking place. We requested that the service provide us with evidence that this was in place within 48 hours of the inspection, but this was not received. The provider had appropriate arrangements in place for public liability insurance.

### Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- At the previous inspection we found that the individual care records did not contain information that showed side effects the patient may have experienced were followed up. At this inspection we found that individual care records were not written and managed in a way that kept patients safe. We saw 10 care records that showed information needed to deliver safe care and treatment was not available to relevant staff in an accessible way. Patients were asked about side effects

that they may have experienced since taking the prescribed tablets or capsules. We saw that these side effects were added to the record card but this entry was not dated, and any follow up discussion was not dated.

- At the previous inspection we found that the provider did not have a system in place to ensure all appropriate information about patients is easily accessible to clinicians. At this inspection we found that the provider did not have systems for sharing information with staff to enable them to deliver safe care and treatment. We saw that two patients were commenced on medicines outside of the provider's guidance and five patients were recommenced on medicines outside of the provider's guidance. However, no records were made of the rationale or reason for this happening.

### Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- At the previous inspection we found that that the ordering of medicines used in the clinic was not in accordance with national guidance for controlled drugs. At this inspection we found that the ordering was now being carried out in accordance with national guidance for controlled drugs.
- At the previous inspection we found that the provider did not have a process to monitor the quality of the service provided. At this inspection we found that the service did not carry out a regular medical records review to ensure prescribing was in line with the provider's guidelines. This was not in accordance with the Action plan supplied to us by the provider in December 2018
- At the previous inspection we found that the provider did not always give patients complete or accurate information about their treatment. At this inspection we found that two of the patient information leaflets provided by staff contained inaccuracies and lacked information about potentially serious side effects that a patient may experience. This was not in accordance with the Action plan supplied to us by the provider in December 2018
- Some of the medicines this service prescribes 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.

## Are services safe?

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'.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider did not have systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians did not assess patients' needs or deliver care and treatment in line with current legislation and the provider's guidance.

- Patients' immediate and ongoing needs were not fully assessed. This included not making a full assessment of the patients' clinical needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

### Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- At the previous inspection the provider did not have a process in place to monitor the quality of the service provided. At this inspection we found that the provider did not have a system in place to monitor doctors' prescribing when they commenced working for the service.

### Effective staffing

Staff did not have the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified but the doctor was still undertaking specific professional development in the role that they were now carrying out. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation

### Coordinating patient care and information sharing

Staff did not work together, to deliver effective care and treatment.

- Patients did not receive person-centred care.
- At the previous inspection we found that before providing treatment, doctors at the service did not ensure they had adequate knowledge of the patient's health and their medicines history. At this inspection we found that although side effects experienced had been recorded on the patient medical record there was no date of this record and no reference to the date of follow up by the prescriber. We found that when prescribing decisions were made outside of the provider's guidance the rationale and reason for that decision was not always recorded. This means that another prescriber may not understand the reasons for the original prescribing.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they commenced using the service.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, the provider had a template letter to use. 2 of the 10 records that we reviewed had an agreement to share information. Neither the registered manager nor the doctor were able to provide us with a copy of the information that had been shared with either of these patient's GPs. The provider had a summary of treatment letter that was given to patients if they did not wish the clinic to contact their registered GP.

### 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.
- At this inspection we saw that consent had been sought for the 10 patients whose records we saw. We did not see any evidence that the service monitored the process for seeking consent appropriately.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

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

- Leaders were not knowledgeable about issues and priorities relating to the quality and future of services. They did not understand the challenges and were not addressing them.

### Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- At the previous inspection structures, processes and systems to support good governance and management were not clearly set out, understood and effective. The provider told us in their action plan after the previous inspection that they had introduced new structures, processes and systems. At this inspection we found that these were not in place.
- At the previous inspection we found the provider had established proper policies and procedures to ensure safety but did not follow these to assure themselves that they were operating as intended. At this inspection we found that this continued although the provider had told us in their action plan that this had been addressed.

### Managing risks, issues and performance

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

- At the previous inspection we found that the service had processes to manage current and future performance but these were not effective. Performance of clinical

staff could not be demonstrated through audit of their consultations and prescribing. At this inspection we found that this continued and we identified issues with prescribing outside of the provider's guidance that had not been identified prior to our inspection.

### Appropriate and accurate information

The service did not act on appropriate and accurate information

- Quality and operational information were not used to ensure and improve performance.
- We found that the provider had no information about the monitoring of prescribers following their guidance for prescribing. The provider had said in their action plan that there would be random monthly checks but these were not being carried out.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However consideration had not been made of the need to share information with patients' primary care providers. At this inspection we found instances where the patients had consented to share information about their treatment but no record was available to show that this had happened.

### Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was not a focus on continuous learning and improvement.
- At this inspection we looked at the actions which the provider had told us they had made and were going to make following the previous inspection. We found that whilst the provider had told us that these were completed and in place, most were not effective.

This section is primarily information for the provider

## Requirement notices

### 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>How the regulation was not being met:</p> <p>The provider did not always give patients complete or accurate information about their treatment. In particular the patient information leaflets contained inaccuracies and did not include details of potentially serious side effects.</p> <p>This was in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>



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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The service lacked good governance to operate effectively and had no system in place to assess, monitor and improve the quality of the service being provided.</p> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met.</b></p> <p>Employment checks had not been performed for the prescribers working at the clinic.</p> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>