London Slimming and Cosmetic Centre

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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Inadequate**

Overall summary

This service is rated as Inadequate **overall.** (Previous inspection 25 April 2018 - not rated)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the London Slimming and Cosmetic centre to rate the service for the provision of safe, effective, caring, responsive and well-led services as part of our current inspection programme.

The London Slimming and Cosmetic Centre provides weight loss services under the supervision of a medical doctor, including prescribed medicines, dietary and lifestyle advice to support weight reduction.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in

and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. London Slimming and Cosmetic Centre provides a range of non-surgical cosmetic interventions, for example cosmetic injections and chemical peels which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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.

23 people provided feedback through comment cards about the service. The comments were all positive. Comments about the staff included being very professional, treating patients with respect, being friendly and encouraging about their treatment. Comments about the clinic included providing a clean, tidy and organised environment and flexibility of appointment times.

Our key findings were:

• Patients were positive about their experience at the clinic

• There was a lack of monitoring of the quality of care

• There was a lack of systems to monitor the suitability of staff for employment

• There was a lack of established governance procedures to deliver safe care.

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

• Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

• Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

• Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available

• Document discussions with staff about developments and changes to the service to ensure a consistency of messages.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Overall summary

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 CQC pharmacist specialist and included another CQC inspector.

Background to London Slimming and Cosmetic Centre

The London Slimming and Cosmetic Centre provides weight loss treatment and services, including prescribed medicines, dietary and lifestyle advice, to support weight reduction. The clinic is situated on the first floor of 406 Edgeware Road. It is close to the Edgeware Road tube station and local bus stops. Parking in the local area is limited and the building does not have step free access.

The clinic operates a private service. It is open for walk in and booked appointments on Monday, Tuesday, Wednesday, Thursday and Saturday.

How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection reports and information given to us by the provider. We spoke to the registered manager, a member of the clinical 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.

Inadequate

Are services safe?

We rated safe as Inadequate because:

Safety systems and processes

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

- The provider had not conducted safety risk assessments. It had a suite of safety policies, however these were not regularly reviewed and communicated to staff. They did not outline 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. However, the information available to staff to guide them about who to contact was dated for review in February 2019.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had not carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were not 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). We saw that for some staff the DBS check had been carried out by another service, but no risk assessment had been undertaken as to whether this could be used in the service.
- • All staff had not received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were not trained for the role and had not always received a DBS check.
- There was not an effective system to manage infection prevention and control. The infection control policy seen was beyond the review date specified. In the latest infection control audit seen it was identified that not all monitoring records had been completed. However no action was recorded or identified as a result of this. The service had previously undertaken a Legionella risk assessment which had not identified any risks. They were currently waiting for the results of a recently taken sample to complete the current risk assessment.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were not systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, date expired products were not removed or disposed of in a safe manner.
- When there were changes to services or staff the service had not assessed and monitored the impact on safety.
- There were not appropriate indemnity arrangements in place. The provider had no process to assure themselves that the doctors working at the centre had appropriate professional indemnity arrangements. On the day of the inspection one doctor working there told us that she had arrangements in place and would send copies of these to the clinic manager. Another doctor responded that they did not have indemnity arrangements in place and thought that the provider was responsible for providing this.

Information to deliver safe care and treatment

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

- Individual care records were not written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was not always available to relevant staff in an accessible way.
- The service did not have systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where patients consented to share information with their GP a letter

was given to them, but the centre did not communicate with the GP. No record was made to show that the letter had been supplied. No information was given to those patients who did not consent to share information.
- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment did not always minimise risks. The service had no system in place to monitor the temperature of the medicines fridge. This meant that they were unable to demonstrate that medicines stored in the fridge had been stored in accordance with the manufacturer's guidance and had no assurance that they would be safe to use.
- The service did not carry out regular medicines audit to ensure prescribing was in line with the provider's guidelines for safe prescribing.
- The service prescribed Schedule 3 controlled drugs (medicines that have an additional level of control due to their risk of misuse and dependence).
- Staff did not always prescribe or supply medicines to patients or give advice on medicines in line with the provider's guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from the prescriber's guidance, a clear rationale for this that protected patient safety was not recorded. We were told that this was not always discussed fully with patients.
- 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. 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 not comprehensive risk assessments in relation to safety issues.
- The service did not monitor and review activity. This did not help it to understand risks and failed to give a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service did not learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service had not identified any incidents or received any complaints. Therefore, they had not learned and shared lessons, identified themes or taken action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The clinic manager was able to explain the process they would follow in the event that an error was identified, including speaking to the patient and the member of staff involved.
- The provider kept records of written correspondence but did not keep records of verbal interactions.
- The service did not act on or learn from external safety events as well as patient and medicine safety alerts. The service did not have an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The service had not signed up to receive alerts from external agencies.

Requires improvement

Are services effective?

We rated effective as Requires improvement because:

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 did not assess needs and deliver care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their physical wellbeing.
- Clinicians had enough information to make a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service did not have arrangements in place to deal with returning patients. We saw from the medical record cards we looked at, that when patients returned after a period of absence that procedures to verify patient medical history were not followed.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service did not use information about care and treatment to make improvements. We saw that the service did not monitor the correct completion of record cards and target weights were not recorded. The service had not made improvements through the use of completed audits. We were shown one audit that had been completed in 2018. This looked at weight loss for patients on reduced sugar and reduced fat diets. There were not completed audits relating to weight loss of patients taking prescribed medicines. Clinical audit did not have a positive impact on quality of care and outcomes for patients. There was no clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider did not have 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.
- The provider did not understand the learning needs of staff and had not provided protected time and training to meet them. Up to date records of skills, qualifications and training were not maintained. No training record was available for a staff member who had joined from another service. There was also no record they had completed any induction or other mandatory training. There was no evidence that this member of staff had completed any safeguarding training.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff did not always communicate effectively with each other. We saw that when patients were prescribed medicines outside of the services prescriber's guidance that the reason or rationale for doing this was not recorded in medical records.
- Before providing treatment, doctors at the service did not always ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history. However, we also saw that when patients returned after a period of absence from the service that no check of a change to medical history was recorded.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they first accessed services at the clinic. There was no record to show that agreement to share the outcome of the consultation was encouraged on future occasions.
- Where patients agreed to share their information, we did not see evidence of letters sent to their registered GP in line with GMC guidance. We were told that a letter would be given to the patient but that the service did not send it to the GP. We saw that there was no record made on the patient record card to show that the letter had been given to 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. We saw that patients were given dietary and lifestyle advice on their first visit to the clinic.

Requires improvement

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. We saw from the medical records that we reviewed that some patients had been referred back to their GP for treatment for high blood pressure before the service would prescribe medicines to them.

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.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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. Information leaflets were available in Arabic, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, however, communication aids and easy read materials were not available.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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 facilities and premises were appropriate for the services delivered. The clinic manager was able to explain to us how the service was accessed by visually impaired patients. They were also able to explain how they could facilitate access if a patient was not able to manage the stairs to the clinic on the first floor.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and systems and processes in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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.
- The service had complaint policy and procedures in place. We were told that the provider had not received any complaints written or verbal for them to use to develop and learn from.

Inadequate

Are services well-led?

We rated well-led as Inadequate because:

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was not a clear vision and set of values. The service did not have a realistic strategy and supporting business plans to achieve priorities.
- The service had not developed its vision, values and strategy jointly with staff.
- Staff were not aware of and did not understand the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service did not have a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and the manager were not able to act on behaviour and performance inconsistent with the vision and values as these were not defined.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective.
- Staff were not clear on their roles and accountabilities.
- Leaders had not established proper policies, procedures and activities to ensure safety and did not assure themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service did not have processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations and prescribing decisions.
- Leaders did not have oversight of safety alerts.
- Clinical audit did not have a positive impact on quality of care and outcomes for patients, as this was not routinely carried out. There was no clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance. Performance information was not combined with the views of patients.
- Quality and sustainability were not discussed in relevant meetings where all staff had sufficient access to information. We were told that discussions were held

with individual members of staff but that there was no record made of these meetings. Information from one meeting was not then shared with other members of staff.
- The service did not use performance information which was reported and monitored, and management and staff were not held to account.
- The information used to monitor performance and the delivery of quality care was not always accurate or useful. There were no plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, and staff

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and acted on them to shape services. We saw that patients had requested through the feedback forms for evening opening hours. The provider had looked at this but concluded that this was not a change that they could make and communicated this to patients.
- Staff could not describe to us the systems in place to give feedback. We did not see evidence of feedback opportunities for staff or how the findings of the customer survey were fed back to staff.

Continuous improvement and innovation

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

- There was no focus on continuous learning and improvement.
- The service had not made use of internal and external reviews of incidents and complaints as they had not recorded receiving any. There was no system in place to share learning.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Services in Slimming Clinic	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have in place a system to monitor the indemnity arrangements of the prescribers. They also did not have a system in place to make sure that medicines were stored within the correct temperature range.

Regulated activity	Regulation
Services in Slimming	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not have a process in place to evidence that appropriate employment checks were in place for new staff.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Services in a Slimming Clinic	Regulation 17 HSCA (RA) Regulations 2014 Good governance State enforcement action taken: The provider did not have an effective system in place to monitor the quality of the service. The provider did not have systems in place to monitor, update and implement policies and procedures at the service