

Mrs Ingrid Camilleri

Kings Private Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 28 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive 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 caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive 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.

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.

When we inspect, we ask people for feedback about the service. We collected feedback using comment cards. A total of 43 patients provided feedback about the service. Most of the feedback we received was positive.

Our key findings were:

- Staff treated patients with care and respect.
- Patients generally felt that their experience was positive.
- The clinic was in a good state of repair, clean and tidy.
- There were a range of policies in place to support the running of the clinic.

Summary of findings

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

- Ensure that all written information given to patients about their treatment is accurate.
- Ensure all appropriate information about patients is easily accessible to clinicians.
- Introduce systems to monitor the quality of the service provided.
- Introduce a system to ensure that the clinic manager has assurance that clinicians have had appropriate employment checks prior to starting work.
- Ensure that the appropriate documentation is kept on site for the ordering, receipt and disposal of controlled drugs.

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:

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Ensure medicines packed down from original containers in preparation for supply to patients are appropriately labelled to reduce the risk of mis-selection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action. See full details of this action in the Enforcement section at the end of this report.

We found that patients were given incorrect and incomplete written information about their medicines. Clinicians did not readily have access to all relevant information about patients, due to the way information was collected by the clinic.

Documentation for ordering, receipt and disposal of controlled drugs was not available on site to view. Medicines were stored securely. Handling of medicines was undertaken under the supervision of a prescriber.

The clinic was clean, tidy and in a good state of repair. Regular cleaning was documented. A legionella risk assessment had been undertaken and suggested actions followed. There was a range of policies in place to support the provision of services. There was a process in place to report incidents. None had been reported since the previous inspection in 2014.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice at the end of this report).

There was no effective system in place to monitor prescribing quality. The manager was unable to provide evidence of a DBS check for one of the prescribers who worked at the clinic.

There was a safeguarding lead for the clinic. Staff had completed training for them to undertake their roles effectively, such as safeguarding and infection prevention and control training.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. We observed staff talk with patients in a discreet and caring manner and patient feedback about the service was positive. The service sought feedback from patients on an ongoing basis in the form of a questionnaire.

Are services responsive to people's needs?

We found that the service was providing responsive services in accordance with the relevant regulations. There were no arrangements for a translation service. There was no hearing loop for patients with hearing difficulties. The doctor's room was on the first floor, but staff did describe that they could enable step free access to appointments on the ground floor if required.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The registered manager oversaw the day to day running of the clinic, supported by another receptionist. Audits were not in place to monitor the quality of the service provided. Staff knew how to report incidents in line with the provider's policy.

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 located 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 28 February 2018. The inspection was carried out by two Pharmacist Specialists from 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, looked at patient feedback left on comment cards, reviewed a range of documents and observed staff talking to patients.

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.

Are services safe?

Our findings

Safety systems and processes

The clinic was adequately staffed for the purpose of the services being provided. Prior to employment, the service undertakes Disclosure and Barring Services (DBS) check for staff. We found a DBS check for one doctor working at the clinic, but were not able to see that there was one available for another doctor who was booked to work at the clinic. Checks on General Medical Council (GMC) registration and medical revalidation status were also undertaken by the provider.

There was a chaperone policy in place and staff had undertaken chaperone training.

A legionella risk assessment had been undertaken in addition to tests from an external contractor. Exposure to Legionella bacteria from inappropriately maintained water outlets can cause a pneumonia-like illness. Staff followed the action plan provided by the contractor to ensure the risks were minimised, and we saw records to demonstrate this.

Checks had been undertaken on equipment to ensure it was safe to use. Fire alarms were tested regularly and this was documented.

Risks to patients

Prescribers had professional indemnity arrangements in place. The clinic also had public and employer liability insurance in place. Staff had undertaken training on health and safety issues relevant to the clinic.

A risk assessment was in place for medical emergencies. The chance of a medical emergency occurring at this clinic is low. Clinic staff were trained in first aid. The doctor was trained in Basic Life Support (BLS).

Portable appliance testing certificates demonstrated that electrical equipment was safe to use. There was a process in place to receive medicine and equipment safety alerts and relevant clinical updates.

Information to deliver safe care and treatment

Appointments were booked manually and all patient records were handwritten. We saw that prescribing records were updated by the doctor at each appointment. The service collected feedback about patient experience using

questionnaires. This questionnaire contained details about side effects experienced by patients when taking prescribed medicines. However, patients' responses were not stored with their clinical notes, so the clinician would not see this as part of their consultation. It is important that clinicians have this information readily accessible as it may mean that continued prescribing of the certain medicines is no longer appropriate.

Safe and appropriate use of medicines

This service prescribes Diethylpropion Hydrochloride and Phentermine. The medicines Diethylpropion Hydrochloride tablets 25mg and Phentermine modified release capsules 15mg and 30mg have product licences and the Medicine and Healthcare products Regulatory Agency (MHRA) have granted them marketing authorisations. The approved indications for these licensed products are "for use as an anorectic agent for short term use as an adjunct to the treatment of patients with moderate to severe obesity who have not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided." For both products short-term efficacy only has been demonstrated with regard to weight reduction.

Medicines can also be made under a manufacturers specials licence. Medicines made in this way are referred to as 'specials' and are unlicensed. MHRA guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

At Kings Private Clinic Maidstone we found that patients were treated with unlicensed medicines. 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.

The British National Formulary (version 71) states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines are also not currently recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians. This means that there is not enough clinical evidence to advise using these treatments to aid weight reduction.

Are services safe?

We found that written information provided to patients about their medicines was either incorrect or incomplete. For example, we found one leaflet that told patients they were “completely safe” whilst taking the prescribed medicines. The medicines prescribed at Kings Private Clinic Maidstone can have potentially serious side effects that patients and prescribers must be vigilant for. Other written information also failed to list one of the potentially serious side effects, and another did not give adequate directions about how the medicine should be taken.

We saw medicines were stored securely, with handling and access restricted to the appropriate staff.

There were no records available on site to demonstrate if ordering, receipt and disposal of controlled drugs was undertaken appropriately. When the doctor supplied the medicine to the patient, it was labelled correctly. However, some medicines which had been “packed down” from larger pots of stock medicines to individual tablet bottles in preparation for this were not labelled appropriately. For example, it did not contain the full name of the medicine. This could lead to incorrect selection in future.

Track record on safety

There was no record of any incidents at the clinic since the last inspection. There was a policy in place to deal with incidents.

Lessons learned and improvements made

Whilst there were processes in place to report and record incidents, and staff were able to describe what they would do in the event of one of these, there was no significant evidence of learning and improvement generally. For example, there was no evidence available to show learning from other incidents that had occurred at the provider’s other clinics, or at staff meetings. An annual governance meeting was held, but the outcome of this were not clear in terms of learning or improvement. Staff understood the concept of, and how they would comply with Duty of Candour.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Initial patient consultations involved checks that included weight, height, blood pressure and blood glucose. Waist circumference was sometimes measured, depending on patient need. Doctors also talked to patients about their eating habits and lifestyle. There was information available for doctors to use in the service's prescribing policy. However, lack of clinical audit meant that this service could not provide evidence of ongoing adherence to this policy. We checked 10 patient record cards and found that these checks were made at initial appointments. Patients prescribed medicines were within an appropriate BMI range. Patients taking these medicines require treatment breaks at least every 12 weeks. We did not find any patient was prescribed these medicines for longer than 12 weeks without a break.

Medical equipment, such as weighing scales had been calibrated to ensure they provided accurate readings. There was a certificate in place to support this.

Monitoring care and treatment

We saw that most patients had appropriate checks at subsequent appointments. Although weight was recorded at each appointment, BMI was not always updated. When two patients had extended treatment breaks of over one year, we were not able to access a record the demonstrated they were reassessed. We also found that for these 10 patients, the treatment goals were identical. There were no process in place to audit effectiveness of the treatment provided by the clinic.

Effective staffing

Identity checks had been undertaken on staff that worked at the clinic. Staff had undertaken training relevant to their

role and had appraisals annually. This included training on medicines management and safeguarding. The clinic had a safeguarding lead who had undertaken training to the appropriate level. The clinic had a list of local contacts for safeguarding and staff were able to describe what they would do in the event of a concern.

Coordinating patient care and information sharing

Information about patients' treatment was not shared with their GP. Even if patients consented for information sharing, this was not sent directly to the GP by the clinic but was only given to the patient to pass on to their GP. This also meant that, if people discontinued treatment for a clinical reason (for example, if another medical condition, such as high blood pressure was discovered), their GP would not necessarily receive this information.

Supporting patients to live healthier lives

The clinic doctor was aware of the need to refer patients to their GP if the checks at the initial consultation showed they had another medical condition which required further investigation. Patients were given advice on healthy diet and exercise by the doctor during consultations. We also observed the clinic manager talk to patients about different healthy recipes they could use for meal choices.

Consent to care and treatment

Records were made to demonstrate that patients had consented to treatment. Appropriate identification checks of patients were made to ensure they were 18 years of age or over. The doctor was able to describe how they would assess a person's capacity to consent under the Mental Capacity Act 2005.

The cost of treatment was clearly displayed throughout the clinic, and staff also spoke to people about this.

Are services caring?

Our findings

Kindness, respect and compassion

Patients had filled in 43 comment cards to provide us with feedback about the service. We found that these were mostly positive.

We observed the clinic manager talking with patients on the day of the inspection. This was undertaken in a polite and non-judgemental manner.

Involvement in decisions about care and treatment

A review of the comment cards indicated patients were provided with enough advice and information about the treatment to be able to decide on how they wanted to be treated.

Privacy and Dignity

There was a policy in place to cover confidentiality. When we talked to staff about this, they could describe how they would protect patients' confidentiality. Patients records were stored securely when not in use and were under the personal control of the clinic manager and doctor when the clinic was open.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The premises were appropriate for the service. If patients required step free access, staff told us that the reception area could be used instead of the first floor consultation room. There was no hearing induction loop for patients with hearing difficulties. A translation service was not available. A page magnifier was available in the clinic.

Timely access to the service

The clinic was open Wednesdays and Fridays. Patients could book appointments for weight management with the doctor in the morning and afternoon on these days.

Listening and learning from concerns and complaints

A complaints policy was in place. Staff gathered patient feedback through ongoing questionnaires. Even though the service had not received any complaints within the last 12 months, staff were able to tell us what action they would take in the event of one. There were also signs in the clinic, informing patients of how they could complain.

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

The registered manager has worked at the clinic for over ten years. They knew the staff and regular doctors. The manager had some awareness of the requirements of their role, in ensuring weight management services were delivered safely. Other than patient satisfaction, there was limited evidence of wider aspects of service quality monitoring through audit.

Vision and strategy

There was no corporate vision or strategy. Staff were clear that their aim was to help patients improve their health through weight loss and adopting a healthier lifestyle. However, from the records we checked, we did not see any evidence of long term adherence to the programme or weight loss. There was also no clinical audit to demonstrate this.

Culture

A review of the comment cards indicated that patients had a good experience when they visited the clinic. Staff told us that they would be happy to raise concerns with the manager or head office. Staff knew about Duty of Candour and were aware of the requirements of this.

Governance arrangements

A range of policies and procedures were in place to facilitate the delivery of weight management services. These had been reviewed recently. Staff had read these and knew how to access them when required.

Managing risks, issues and performance

The registered manager had oversight of the running of the clinic. Other than customer satisfaction surveys, there was no programme of audit in place to monitor the quality of the service. We found one example of part of an audit on the premises. However, the quality of this was poor and it was not clear who had undertaken it or if it was specific to Kings Private Clinic Maidstone.

Appropriate and accurate information

Treatment record cards were filled in by the doctor at each consultation. There was no process in place to audit these to monitor the quality of the information recorded.

Engagement with patients, the public, staff and external partners

Patients' feedback about their experiences was gathered using a continual programme of questionnaires. The clinic manager reviewed the responses on a regular basis with a view to ensuring patients had a positive experience.

Continuous improvement and innovation

Other than patient experience surveys, there was limited evidence of continuous improvement and innovation. There was an annual governance meeting, although it was not possible to see how this linked to improvement or innovation.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have a process in place to monitor the quality of the service provided.</p> <p>The provider did not always have evidence of appropriate employment checks for prescribers.</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 12 HSCA (RA) Regulations 2014 Safe 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. Clinicians did not readily have information about side effects that patients had reported on a patient experience questionnaire. Documentation for the ordering, receipt and disposal of controlled drugs was not available on site.</p>