

Weightmedics

Inspection report

77 Belmont Road
Uxbridge
Middlesex
UB8 1QU
Tel: 02077607670
www.weightmedics.co.uk

Date of inspection visit: 11 February 2020
Date of publication: 30/03/2020

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 08 2018 – Not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Weightmedics under Section 60 of the Health and Social Care Act (HSCA) 2008 as part of our regulatory functions. This was part of our inspection programme to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to rate the service.

Weightmedics provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. The operations manager who is also a registered nurse 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. We received 14 completed CQC comments cards from patients to tell us what they thought about the service.

Our key findings were:

- Patients could access a range of additional services to assist with their weight loss.
- The provider had implemented a number of recommendations from recent inspections at other locations to improve the service.
- The provider had robust systems for handling and learning from complaints.

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.
- Complete a full audit cycle to demonstrate the clinical effectiveness of the service being provided.
- Check the storage requirements for all medicines to ensure that they are being stored safely and effectively.
- Consider how patients' consent is obtained to promote appropriate information sharing with their GP.

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 optimisation team. The team included another member of the CQC medicines optimisation team.

Background to Weightmedics

Weightmedics is a slimming clinic that is part of the Weightmedics Limited chain of clinics. It is located in Uxbridge, North West London. There are a total of three registered locations, two of which have registered satellite locations. All locations have been previously inspected, but not rated. The previous inspection report for this location was viewed in preparation for this inspection.

The clinic is located on the second floor of a building which has other services. There was no step-free access. There is a reception / waiting area as well as a consulting room. It is a short walk from Uxbridge underground station, and local bus stops. There is a car park close to the clinic. The service is open on Mondays between 1pm to 7pm, Thursdays between 10am to 2:30pm and Saturdays 10am to 1pm.

The clinic is staffed by a receptionist, and a doctor. There are also patient care managers that are based in other clinic locations who manage patients registered at Uxbridge. In addition, staff based at other locations can also cover shifts at this clinic. If for any reason a shift is

not filled by one of the regular doctors, there are a number of doctors familiar with the clinic that can be contacted. Staff work closely with their colleagues based at the other locations.

How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection report and information given to us by the provider. We also spoke to the staff and people using the service 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.

Are services safe?

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. We saw that there were appropriate safety policies which were regularly reviewed and communicated to all staff. The policies made it clear to staff who they should 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.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- The provider carried 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).
- All staff 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 trained for the role and had received a DBS check. The training of reception staff had been recently updated to include safeguarding. This was in response to repeated requests to leave children in pushchairs in the reception area.
- There was an effective system to manage infection prevention and control. A legionella risk assessment was conducted. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their roles.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. This information was included in the clinic policies. There was always a doctor present when the main clinic was open.
- There was a first aid kit and adrenaline kept on site. There were no other items for emergency use and there was an appropriate risk assessment to inform this decision.
- The provider had appropriate public liability and professional indemnity arrangements in place to cover the activities at the clinic.
- We saw communication between the provider and the owners of the building to minimise the risk of fire. Staff were trained in fire safety, there was an allocated fire marshall, and regular fire drills.

Information to deliver safe care and treatment

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

- Individual care records were 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 available to relevant staff in an accessible way.
- Records of consultations were fully documented and included information on treatment options discussed with patients. They were signed by patients to give their consent to treatment.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included sharing appropriate records with the patients regular NHS GP (where consent had been given).
- The service had a formal system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

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- We saw that clinicians refused treatment in line with updated protocols and up to date evidence-based guidance.
- As a result of a previous inspection, the provider had updated the patient record card. It now had space to include the body mass index (BMI) on each visit and three monthly medication history checks.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, minimised risks. Staff had an effective system to ensure that medicines requiring refrigerated storage were maintained within their recommended temperature range. However, we saw that adrenaline was being stored in the fridge against the manufacturer's advice. This was corrected at the time of the inspection.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and the providers guidelines. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of 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'.

- The service prescribed Schedule 3 controlled drugs (medicines that have additional controls due to their risk of misuse and dependence) and had appropriate storage arrangements and records.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, we saw how incidents were documented, reviewed and managed by staff.

Lessons learned and improvements made

The service learned and made 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Incidents were looked at from other locations - for example, a complaint highlighted the fact that batch numbers and expiry dates were not always recorded. Clinical and non-clinical staff were advised of the importance of recording batch numbers.
- 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 service had systems in place for knowing about notifiable safety incidents.
- We saw that the provider had made improvements to patient records as a result of findings at a recent inspection of another location.

Are services effective?

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)

- The service had a policy on the prescribing of medicines for obesity. We reviewed ten records and did not see any where treatment prescribed deviated from this policy.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and physical health. We saw specific exploration of mental health issues in clients' notes.
- A target weight was discussed and recorded in all the records that we looked at.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity

- The service used information about care and treatment to make improvements. For example, a review of weight loss in a sample of clients was conducted. The functional nutritionist reviewed the records of clients who had not lost weight and made recommendations regarding additional interventions.
- The medical director conducted an annual review of prescribing with each doctor and provided feedback to them. In addition to this, the medical director reviewed a sample of medical notes to see if they had been completed in line with the provider's audit standards.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

•The clinic was staffed by a doctor and a receptionist. A patient care manager based at another location spoke to patients over the phone regarding treatment options. Patients could also be referred to a functional nutritionist.

•Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

•The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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. Patient care managers ensured that care was co-ordinated effectively within the service. Staff referred to and communicated effectively with other services when appropriate. For example, when patients were not suitable for treatment, we saw evidence that they were signposted to their GPs if they gave consent for this.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. (This decision was not revisited during subsequent consultations, unless there had been a long treatment break. In that case, patient consent was requested again.)
- The provider had risk assessed the treatments they offered. Patients were encouraged to give consent to share information with their GP. We saw a letter that was sent from the clinic to a GP where the patient had consented to this.

•Staff told us that patient information was shared appropriately. This included when patients were referred to other professional services.

•The information needed to plan and deliver care and treatment was available to relevant staff in a timely and

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accessible way. There were clear and effective arrangements for following up on a treatment plan. For example, those prescribed a weight loss injection were contacted on day three, and again on day seven.

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 there were a variety of weight loss products on sale as well as leaflets specific to patient needs and cultural requirements.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, if a patient has undergone thyroid testing, they would signpost to the GP where this was the appropriate course of action.
- Staff could refer people to a functional nutritionist for specific dietary and exercise advice based on data from DNA testing.

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 consent form was comprehensive and included information on the unlicensed nature of treatment; side effects; committing to a three month programme; pregnancy and breast-feeding and options if appetite suppressants were not suitable.
- Staff supported patients to make decisions. A patient care manager went through treatment options and costs during a telephone consultation. If a patient had a walk in appointment, the clinic doctor went through the treatment options and costs instead. Where appropriate, staff assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients on a regular basis.
- We received 14 completed comment cards. Feedback from patients was positive. We were told that staff were polite, friendly, caring and supportive.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

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

- Doctors and Patient Care Managers empowered patients to make decisions on which services they would like from the clinic.

•Patient were given leaflets to explain the benefits and risks of treatments as well as diet and alcohol plans. Leaflets were available in Polish, and staff used a translation website if they needed to translate information for patients.

•Patients told us through comment cards, that staff were thorough and attentive. They also felt that they they were offered good advice and support to help with their weight loss.

•An induction loop system was now available for patients living with hearing impairments. There was also a facility to print leaflets in large print.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All patient consultations took place in a dedicated room with a door that could be closed.

Are services responsive to people's needs?

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 understood the needs of their patients and improved services in response to those needs. Staff used an online translation service to enable people who did not speak English to access the service.
- The facilities and premises were appropriate for the services delivered. If a patient was unable to access the second floor clinic, they were redirected to a different clinic location with step free access.
- Reasonable adjustments had been made to support equal access to the service. For example, there was now a hearing aid loop available and information in large print.
- Staff at the clinic used an encrypted online messaging service to enable them to be more accessible to patients.

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 and treatment.

- The clinic was able to provide a walk in service as well as pre-booked appointments. If people called to make an appointment, a telephone consultation was arranged with a Patient Care Manager prior to the patient attending the clinic.

- Waiting times, delays and cancellations were minimal and managed appropriately. In the past, the provider was able to get doctors to cover the clinic if required at short notice.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded 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. The service learned lessons from individual concerns, complaints and from the analysis of trends across all the provider's slimming clinics. It acted as a result to improve the quality of care. For example, we saw how they had managed a patient complaint satisfactorily and contacted the patient to re-assure them.

Are services well-led?

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were 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 had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a strong vision for the future of the clinic. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff, and was planning on working with other external partners going forward.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had 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 and we saw evidence that their views were taken into consideration.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence that this had been recorded.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, we saw records about a previous complaint

against a member of staff. The provider was transparent in sharing this information with us during the inspection. We saw emails about how this was dealt with. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

- 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 ensuring that all staff received annual appraisals with the registered manager. This included conversations regarding career development. The frequency of these conversations had been increased to ensure that progress against each staff members' objectives could be adequately monitored. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. We saw that stress and lone working were considered as part of the health and safety risk assessment.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The medical director chaired a biannual meeting which was attended by all the doctors that worked at the clinic. There was a plan to increase the frequency of this meeting to quarterly. Managerial staff also attended this meeting.
- Staff were clear on their roles and accountabilities and there was a structure chart to show who was accountable to who.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. This included reviewing incidents that may have occurred at other slimming clinics.
- The Medical Director reviewed a sample of medical records each quarter. In addition to this, the Medical Director met with each doctor to conduct an annual appraisal. Prescribing decisions were reviewed during these meetings.
- Leaders had oversight of safety alerts, incidents, and complaints. These were discussed in staff meetings to ensure that learning was shared.
- A review of weight loss had been conducted in a sample of patients. Where patients had not lost weight, the functional nutritionist reviewed the patients' medical records and made suggestions for further possible interventions.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Patients were sent a text message after each clinic visit and encouraged to give a score out of five. Any scores lower than 5 resulted in a follow up phone call to ask what could be improved.
- We saw evidence that this feedback was collated, reviewed and acted on where applicable.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, we saw in meeting minutes that areas for improvement were discussed with staff.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work and plans to work with external auditors.