

Mrs Ingrid Camilleri

Kings Private Clinic

Inspection report

Second Floor,
56 Borough High Street,
London,
SE1 1XF

Tel: 0207 407 6915

Website: <http://www.kingsweightlossclinics.co.uk/clinics/london-bridge/>

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Overall summary

We carried out a focused inspection on the 1 May 2018 to ask the following key questions; Are services safe, effective, and well-led?

Our findings were:

Is the service safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

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.

At the last inspection on 1 August 2017, we found a breach of Regulation 17 of the HSCA (RA) Regulations 2014 (Good Governance) because there were limited or

no systems or processes in place that enabled the registered person to assess, monitor and improve the quality and safety of the service being provided. In particular:

- There were outdated policies and procedures and staff who were unsure of the content.
- There was no quality improvement programme that included clinical audit.
- There was a lack of documentation to show the calibration of medical equipment had been carried out.
- There was a lack of systems to assess and monitor risks to staff and service users which may arise from the carrying on of the regulated activity.
- There was no system or process to ensure that staff who had been employed by the service for some time had appropriate identity checks.
- There were no risk assessments in place to mitigate against these risks.

We checked this as part of this focussed inspection and found that these issues had been resolved.

Kings Private Clinic is one of four locations owned by the same provider. This clinic is located in the London Bridge area. The clinic consists of a reception room and a

Summary of findings

consulting room on the second floor of 56 Borough High street. It is very close to London Bridge rail and tube station, and local bus stops. Parking in the local area is very limited and the clinic is not wheelchair accessible.

The clinic provided slimming advice and prescribed medicines to support weight reduction. It was a private service. It was open for walk ins or booked appointments on Tuesdays, and Saturday mornings.

The clinic is staffed by a receptionist and a doctor. There is also a receptionist who only works on Saturdays. If for any reason, a shift is not filled by the doctor, a locum doctor is brought in. In addition, staff work closely with other staff based at the head office in Ilford.

The receptionist 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 Regulations about how the clinic is run.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction.

Patients completed CQC comment cards to tell us what they thought about the service. We received three completed cards and all were positive. We were told that the staff were friendly and helpful, and that visits to the clinic were always pleasant.

Our key findings were:

- Provisions had been made for people with sight and hearing impairments.
- The provider had taken steps to update the policies and procedures and ensured that staff had received training.
- The provider had made information available to patients with regards to translation services.

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

- Review how staff assure themselves that patients meet the providers requirements of being between 18 and 65 years old to receive appetite suppressants.
- Review how staff explain to clients that the medicines prescribed at the clinic are unlicensed.
- Review the prescribing policy with regards to the use of waist circumference as a way of assessing suitability for treatment with appetite suppressants.
- Review how clinical information from other health care professionals is recorded and acted upon.
- Review how audits could be used to identify areas for improvement.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

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 providing safe care in accordance with the relevant regulations. Since our last inspection the provider had asked for a risk assessment to be completed for the control of Legionella. Staff had also been trained in the safeguarding of adults and children and had implemented a new fire safety policy.

We found areas where improvements should be made relating to the safe provision of treatment. We saw that the identity of service users was not routinely checked prior to commencing treatment. Without ID checks, staff were unable to assure themselves that patients met the providers requirements of being between 18 and 65 years old to receive appetite suppressants.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. Staff were now keeping records of instances when patients were refused treatment.

We found areas where improvements should be made relating to effective care and treatment. This was because the provider did not have adequate records for patients who met the treatment criteria as a result of their waist circumference. In addition, the prescribing policy did not reflect the clinic's use of waist circumference readings. The provider should review how information from other health professionals is dealt with once it has been received. The provider should also review how they explain to their patients that the medicines prescribed at the clinic are unlicensed.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. The provider had made improvements to the governance arrangements since the last inspection. A committee had been formed to ensure good governance through regular meetings and discussions.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not complete any audits for the purposes of identifying areas for improvement.

Kings Private Clinic

Detailed findings

Background to this inspection

We carried out this inspection on 1 August 2017. Our inspection team was led by a member of the CQC medicines team, and was supported by another member of the CQC medicines team. Prior to this inspection, we gathered information from the provider. Whilst on inspection, we interviewed staff, obtained comment cards completed by patients, and reviewed documents.

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

Since our last inspection the provider had asked for a risk assessment to be completed for the control of Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During our inspection we saw staff were following the recommendations of this risk assessment.

At this inspection, references had still not been obtained for members of staff. This was because they had worked at the clinic for a number of years so a decision was taken not to seek references. All staff had a Disclosure and Barring Service check completed and stored in their staff file. No new staff had been employed since the last inspection.

At the last inspection, the provider did not have an adequate safeguarding procedure. In addition, staff were not clear on what safeguarding meant and who to contact with any issues despite being trained. At this inspection, staff had been trained in the safeguarding of adults and children and knew how to raise concerns. Whilst there was now a safeguarding policy document, it did not cover the safeguarding of children.

As a result of the last inspection, the receptionist had received chaperone training (although staff at the clinic were rarely asked to do this).

Previously, there was no clear fire safety process. This was compounded by the fact that the clinic was located within a building used by other organisations. At this inspection, there was clarity on what to do if there was a fire. Staff had received fire training. In addition, the fire safety process had been formulated in conjunction with the other organisation in the building. Fire evacuation drills were conducted every four months.

Risks to patients

At the last inspection, there was no formal risk assessment detailing how emergencies would be managed. Staff had not all had first aid training. At this inspection, we saw that a First Aid policy had been introduced at the clinic. This advised staff on how to perform first aid and that in the event of a medical emergency staff should call 999. Staff were aware of the urgent care provision in the local area.

No emergency equipment was stored at the premises, however staff had an Epipen® for dealing with allergic reactions. Doctors working in the service had Basic Life Support Training.

Information to deliver safe care and treatment

At the last inspection, we found that individual records relating to clients were not stored securely. At this inspection, the provider had taken steps to improve the security of medical records.

At this inspection we saw that the identity of service users was not routinely checked prior to commencing treatment. The clinic had no policy covering identity checks. Without ID checks, staff were unable to assure themselves that patients met the providers requirements of being between 18 and 65 years old to receive appetite suppressants.

Safe and appropriate use of medicines

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 special 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 – London Bridge 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.

Are services safe?

The British National Formulary 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.'

We saw that the clinic continued to treat patients 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.

We reviewed records for 11 patients on slimming medicines and saw that no patients under the age of 18 were prescribed medicines for weight loss. During our inspection in 2017, we noted that patients were not given appropriate treatment breaks, at this inspection we saw that planned treatment breaks were now occurring.

Track record on safety

At the last inspection, the clinic had recently implemented a system for recording significant events. At this inspection, we saw that this system was embedded, and we saw completed incident reporting forms. Arrangements were in place for the pharmacy supplier to alert the clinic to any national medicines alerts.

Lessons learned and improvements made

Staff had regular meetings with colleagues from other locations. Information on how the clinic could be improved was discussed and shared at this meeting. Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence of this on the incident forms. When there had been an error, the service gave affected people reasonable support, truthful information and an apology.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

At this inspection we saw that staff were now keeping records of instances when patients were refused treatment. We saw records for six patients who had been refused treatment. Reasons for treatment refusal were: low BMI and high blood pressure readings. The clinic had implemented guidance that patients should only be treated if their BMI was greater than 30 (or greater than 28 with evidence of comorbidities).

However, despite the guidance, we saw records for three patients who were being treated with appetite suppressants with a BMI below the recommended range. The doctor informed us that these patients met the criteria for treatment because of their waist circumference. However, waist circumference measurements had not been documented for these patients and was not part of the providers prescribing guidance.

Additionally, one patient record contained a letter from the patients GP advising the clinic doctors that this patient's medical condition meant treatment with appetite suppressants was contraindicated. Despite receiving this letter in December 2016, the clinic doctors had continued to supply this patient with appetite suppressants until January 2018. However at the time of this inspection, this practice had stopped and the doctor was aware of the circumstances.

Monitoring care and treatment

An annual audit of treatment records was undertaken by the clinic doctor as part of their revalidation process. The

most recent audit reviewed 30 treatment records and identified 11 patients who had experienced weight gain despite being treated with appetite suppressants. There was no action plan or follow up in response to the outcomes of this audit.

Coordinating patient care and information sharing

Consent to share information with the patients GP was sought. If patients did not agree to information sharing they were given an information letter detailing the treatment given which they could share with their GP if they chose.

During this inspection we saw a letter from a patients GP highlighting concerns with the prescribing of appetite suppressants due to the patient's age and comorbidities. The clinic had not responded to the contact made by the GP.

Consent to care and treatment

Prior to commencing treatment, patient's consent was sought and documented. Our inspection in 2017 showed that patients were not being informed about the use of unlicensed medicines as part of the consent process. At the time of this focused follow up inspection the clinic was not providing adequate information about unlicensed medicines to patients. Written information was given to patients, however it did not accurately or adequately explain the information. The doctor told us that the use of unlicensed medicines would be explained verbally to patients. However, the doctor was unable to explain what information would be verbally provided.

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

Staff within the service demonstrated the ability to run the service and understood their responsibilities. Staff felt that any concerns could be escalated appropriately. We saw that regular meetings were held with staff from other locations within the provider organisation. Staff felt that they could escalate concerns and that the leadership was approachable.

Vision and strategy

The provider had updated the statement of purpose document in September 2017. At the last inspection, staff demonstrated a lack of knowledge of the contents of policies and procedures. In addition, those documents were outdated. At this inspection, we saw that all the policies had been updated in August 2017. Staff had signed to say that they had read all the policies and showed knowledge of their contents.

Culture

The culture within the service encouraged candour, openness and honesty. Staff were aware of their responsibilities to comply with the Duty of Candour Regulations. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We observed that staff took pride in their work and wanted to ensure that they did provide an excellent service for their patients.

Governance arrangements

This clinic was one of four slimming clinics owned by the same provider. The provider had made improvements to the governance arrangements since the last inspection.

There was now a practice manager in post who had provided staff training across locations. Staff based at head office continued to provide support to staff at this location. In addition, a committee had been formed to ensure good governance through regular meetings and discussions. Improvements had been made with regards to the security of medical records.

Staff were clear about who they were accountable to and felt supported in carrying out their duties. They felt that they could always go to senior staff if they had any questions or concerns. The doctor had overall responsibility for the governance of the safe and effective use of medicines. Medicines and medical records were stored securely.

Managing risks, issues and performance

We saw that the doctor and the provider had appropriate professional indemnity arrangements in place to cover the activities at the clinic. There was regular review of the incident forms, and staff knew how to escalate any concerns appropriately.

Engagement with patients, the public, staff and external partners

The provider sought the views of patients using a patient feedback questionnaire. All the feedback received was positive.

Continuous improvement and innovation

Since the last inspection, provisions had been made for people with sight and hearing difficulties. There was now a page magnifier available and an induction loop.

The doctor conducted an audit as part of revalidation. Staff also collected data using a patient feedback questionnaire. However, we did not see any audits carried out in order to identify areas for improvement.