

Mrs Ingrid Camilleri

Kings Private Clinic

Inspection report

82 King Street
Maidstone
Kent

ME14 1BH

Tel: 01622 685434

Website: <http://www.kingsweightlossclinics.co.uk/clinics/maidstone-kent/>

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Overall summary

We carried out an announced follow up inspection on 24 October 2018 to ask the service the following key questions; Are services safe, effective, and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 28 February 2018 and required the provider to make improvements regarding how they provided safe care and treatment and how they demonstrated good governance. We checked these areas

as part of this follow up inspection and found only the availability of records for ordering, receipt and disposal of medicines had been resolved. The other issues remained unresolved.

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

The clinic manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

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

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 that all appropriate information about patients is available to clinicians.
- Introduce a system to monitor the quality of the service provided.
- Introduce a system to ensure that the clinic manager has assurance that all clinicians have the appropriate training and indemnity arrangements when working at the clinic.

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

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

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

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

Kings Private Clinic

Detailed findings

Background to this inspection

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

We undertook this inspection on 24 October 2018. Our inspection team was led by a CQC Pharmacist Specialist

supported by a Specialist advisor (Pharmacist). Prior to the inspection we reviewed information about the service, including the previous inspection report and information given to us by the provider. We spoke to clinical and non-clinical staff, reviewed a range of documents and observed staff talking to patients.

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

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

Are services safe?

Our findings

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff and locums. They outlined clearly who to go to for further guidance.
- At the last inspection we found that the provider did not always have evidence of appropriate employment checks for prescribers. At this inspection we found the provider did not always carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When checked there was no record of a DBS check present for the doctor currently working at the clinic. The provider sent us evidence of this after the day of the inspection.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We saw that there was a risk assessment in place for medical emergencies and an emergency medicine for the treatment of anaphylaxis was available.
- At the previous inspection we found that prescribers had appropriate professional indemnity arrangements in place. At this inspection the provider did not have evidence of the professional indemnity arrangements for the doctor who had been working at the service since August 2018. When this was requested, the indemnity arrangements did not cover the doctor, for

the work they were carrying out for the provider. The provider acted to remove the doctor from practicing when this was identified but had not identified this prior to the inspection taking place. The provider had appropriate arrangements in place for public liability insurance.

Information to deliver safe care and treatment

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

- At the previous inspection we found that the individual care records did not contain information about side effects the patient may have experienced. At this inspection we found that individual care records were not written and managed in a way that kept patients safe. We saw 11 care records that showed information needed to deliver safe care and treatment was not available to relevant staff in an accessible way. Patients were asked about side effects that they may have experienced since taking the prescribed tablets or capsules. We saw that these side effects were added to the record card but this entry was not dated and there was no record that these side effects had been followed up with the patients.
- At the previous inspection we found that the provider did not have a system in place to ensure all appropriate information about patients is easily accessible to clinicians. At this inspection we found that the provider did not have systems for sharing information with staff to enable them to deliver safe care and treatment. We saw that three patients were commenced on medicines outside of the provider's guidance. However, no records were made of the rationale or reason for this happening. We also saw that three patients received more than four weeks' treatment at a time with a schedule 3 Controlled Drug, without any supporting information about the clinical reason or rationale for doing this.

Safe and appropriate use of medicines

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

- At the previous inspection we found that documentation for the ordering, receipt and disposal of controlled drugs was not available on site. At this inspection we found that the systems and arrangements for managing medicines, controlled drugs, emergency

Are services safe?

medicines and equipment did not minimise risks. We saw that the ordering of medicines used in the clinic was not in accordance with national guidance for controlled drugs.

- At the previous inspection we found that the provider did not have a process to monitor the quality of the service provided. At this inspection we found that the service did not carry out a regular medical records review to ensure prescribing was in line with the provider's guidelines.
- At the previous inspection we found that the provider did not always give patients complete or accurate information about their treatment. At this inspection we found that the doctor working at the clinic did not always prescribe medicines in line with legal requirements and current provider guidance. The doctor prescribed some of the medicines for longer periods than specified. When asked, the doctor was not aware of these restrictions. We found that the dispensing labels were not clear where the medicine had been supplied from, as they contained details of more than one clinic operated by the provider. Two of the patient information leaflets provided by staff contained inaccuracies and lacked information about potentially serious side effects that a patient may experience.
- 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'.
- At the previous inspection we found that when tablets were packed down from larger pots of stock medicines into smaller bottles these were not labelled appropriately. At this inspection we found that these smaller bottles were now labelled appropriately to minimise the risk of incorrect selection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

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

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- At the previous inspection the provider did not have a process in place to monitor the quality of the service provided. At this inspection we found that a review had been carried out of 30 patients seen in March 2018. This review had made some recommendations but these had not been actioned at the time of the inspection. Also at this inspection we found that the provider did not have a system in place to monitor doctors' prescribing when they commenced working for the service.

Effective staffing

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

- All staff were appropriately qualified, but the doctor had not undertaken specific professional development in the role that they were now carrying out. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the GMC and were up to date with revalidation. However, the provider had not checked that this was the case for the doctor working at the clinic at the time of the inspection. This doctor had been working at the clinic for a number of months. They provided us with the information after the day of inspection.

- We found that the provider did not have up to date records of skills, qualifications and training. The records held for the doctor working on the day of inspection did not cover the period of the inspection. The provider sent us copies of the training records after the day of the inspection.

Coordinating patient care and information sharing

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

- Patients did not receive person-centred care.
- At the previous inspection we found that before providing treatment, doctors at the service did not ensure they had adequate knowledge of the patient's health and their medicines history. At this inspection we found that although side effects experienced had been recorded on the patient medical record there was no date of this record and no reference to follow up by the prescriber. We found that when prescribing decisions were made outside of the provider's guidance the rationale and reason for that decision was not always recorded. This means that another prescriber may not understand the reasons for the original prescribing.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they commenced using the service.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, the provider had a template letter to use. None of the 11 records that we reviewed had an agreement to share information. The provider had a summary of treatment letter that was given to patients if they did not wish the clinic to contact their registered GP.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supported them to manage their own health.

- Where appropriate, staff gave people advice so they could self-care.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- At this inspection we saw that consent had been sought for the eleven patients whose records we saw. We did not see any evidence that the service monitored the process for seeking consent appropriately.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

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

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- Staff were not clear on their roles and accountabilities. When we spoke with the doctor they told us that they did not feel the medical record cards or the patient information leaflets were appropriate. There was no evidence that they had raised this with the provider.
- The provider had established proper policies and procedures to ensure safety but did not follow these to assure themselves that they were operating as intended.

Managing risks, issues and performance

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

- The service had processes to manage current and future performance but these were not effective. Performance of clinical staff could not be demonstrated through audit of their consultations and prescribing.
- Audit did not have a positive impact on quality of care and outcomes for patients. There was no evidence of action to implement recommendations 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.
- The service used performance information which was reported and monitored and management and staff were not held to account. We found that the provider had no information about the monitoring of prescribers following the guidance for prescribing.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However consideration had not been made of the need to share information with patients' primary care providers

Continuous improvement and innovation

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

- There was not a focus on continuous learning and improvement.
- The service had not made use of internal reviews. We saw that no action had been taken to implement the recommendations of the review carried out in July 2018.

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 registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>How the regulation was not being met:</p> <p>The provider did not always give patients complete or accurate information about their treatment. In particular the patient information leaflets contained inaccuracies and did not include details of potentially serious side effects.</p> <p>This was in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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 service lacked good governance to operate effectively and had no system in place to assess, monitor and improve the quality of the service being provided.</p>

This section is primarily information for the provider

Enforcement actions

The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Employment checks had not been performed for the prescribers working at the clinic.

This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.