

AMC Health care Ltd

Albany Slimming Centre

Inspection report

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Date of inspection visit: 30 May 2017
Date of publication: 16/08/2017

Overall summary

We carried out an announced comprehensive inspection on 30 May 2017 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 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 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 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.

Albany Slimming Centre provides a private weight reduction service for adults and supplies medicines and dietary advice to the patients who use the service. The service operates from a first floor consulting room on the market square in Harlow. It is open from 10.30am to 2pm on Tuesdays and Fridays.

There were three doctors, two female and one male, and one was available at each session. There was a manager who also acted as receptionist. The manager was 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider runs another clinic in England and two in Wales.

Patients completed CQC comment cards to tell us what they thought about the service. We collected feedback

Summary of findings

about the service from 14 people through comment cards and speaking to people during the inspection. People said the service was prompt, professional and helpful, and that the staff were friendly and supportive.

Our key findings were:

- Prescribing was in line with an agreed clinical protocol and appropriate records were maintained
- The service had governance procedures in place to deal with incidents and emergencies
- The premises were suitably equipped, and were clean and tidy
- Pre-employment checks had been made on staff
- The clinic did not offer a chaperone service
- Patients were provided with a range of information on diet, exercise and any medicines that were prescribed
- People told us the staff were welcoming and non-judgemental, the service was quick and friendly, and they were treated with respect.
- The service was flexible to fit in with patient choice: people could come once a month for a review and a repeat prescription, or more frequently for additional support and advice.

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

- Review the arrangements for assessing the risk of Legionella contamination.
- Review the safeguarding policy to determine an appropriate level of training and frequency of updates for each staff role.
- 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.

The provider complied with the Duty of Candour. There was a safeguarding lead and appropriate procedures in place. Checks were made before staff were recruited. The provider did not offer a chaperone service but people could see the doctor with a friend or family member if they wished. The premises were clean and tidy and a fire risk assessment was undertaken regularly. Medicines were stored securely, and comprehensive records were maintained.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have a process for checking and recording that risk assessments had been carried out including risk assessments for Legionella contamination, and considering whether a chaperone service was required.

Are services effective?

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

There was a prescribing protocol which we saw was followed, and appropriate records were kept of consultations and treatment supplied. Patients were advised to consult their GP before receiving treatment, although most chose not to do so, and they were provided with a range of information before consenting to treatment.

Are services caring?

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

Comments from patients were consistently positive. They were given information on the costs of treatment, and about diet and exercise to support their weight loss.

Are services responsive to people's needs?

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

The provider collected feedback on the service through an annual patient survey and a comment box in the waiting room. Patients were given a contact number in case of any concerns about their treatment. The premises were accessible, with ramp and lift access. Patients could make an appointment or walk in, and could be seen weekly if they felt they wanted frequent support.

Are services well-led?

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

Staff had annual appraisals and carried out training and professional development. The provider had audited the process for dealing with queries from potential patients and introduced some screening questions to avoid people who are unsuitable for treatment making an unnecessary appointment. Policies were in place and reviewed regularly.

Albany Slimming Centre

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at Albany Slimming Centre on 30 May 2017. The team was led by a CQC inspector and included a member of the CQC medicines team.

Before visiting, we reviewed a range of information that we hold about the service which included information from the provider.

The methods that were used were talking to people using the service, interviewing staff, observation and review 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?

Our findings

Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

The manager told us that there had been no incidents in the last 12 months but we saw that there was a policy in place to ensure that the service would give affected people reasonable support, truthful information and a verbal and written apology.

They kept written records of concerns raised verbally as well as written correspondence.

We were told that patient safety alerts were received by email and actioned as necessary by the registered manager.

Reliable safety systems and processes (including safeguarding)

The manager was the safeguarding lead. We saw records to show that all staff had undertaken safeguarding training in March 2015, and the manager had a further update in September 2016. There had been no concerns raised in the last year, but the manager demonstrated an understanding of potential safeguarding scenarios. Although the service only treated adults the manager was aware of safeguarding responsibilities towards any children who may accompany adults to appointments, and we saw there was a policy in place which included the relevant local authority reporting process and contact details.

Medical emergencies

The risk of a medical emergency arising was low and the provider did not hold stocks of emergency medicines or equipment. The manager and doctors were trained in basic life support and staff were aware that they should call the emergency services if necessary, however there was no formal risk assessment in place. There was a first aid kit and an accident book.

Staffing

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body. Checks with the Disclosure and Barring Service had been made for all staff, in line with the service's policy.

All doctors were registered with the General Medical Council, had regular appraisals with a responsible officer and were up to date with revalidation.

The service did not provide chaperones. Some patients chose to see the doctor with a friend or partner but the consultations did not involve an examination and the manager told us that they had never been asked to provide a chaperone. The service had not formally considered the need to provide a chaperone service and the risks of not doing so.

Monitoring health & safety and responding to risks

We saw that the provider had the appropriate indemnity arrangements in place to cover potential liabilities.

Infection control

We observed the premises to be clean and tidy, and patients told us they were happy with the level of cleanliness. Handwashing facilities were available in the clinic, and staff and patients had access to toilets on the floor above.

The manager carried out the cleaning, and we saw that there were supplies of cleaning materials which were stored securely, however there was no specific cleaning schedule or records kept.

Premises and equipment

The premises were rented by the provider and looked to be in a good state of repair. A regular fire risk assessment was carried out with recommendations addressed, and we saw records to show that staff took part in fire evacuation drills organised by the building landlord.

Electrical testing was carried out annually, although we found one appliance which had an out of date sticker which we brought to the manager's attention.

Are services safe?

We saw records to show that the weighing scales were calibrated periodically. The blood pressure monitoring equipment had not been calibrated and had been in use for just over a year.

The risks associated with Legionella contamination in this type of service are low, however the provider had not checked whether the building landlord had carried out a risk assessment and any necessary testing. Legionella bacteria can contaminate water systems in buildings

Safe and effective use of medicines

The doctors at this service prescribed 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.

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.

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 Albany Slimming Centre we found that in addition to the licensed medicines above, some patients were treated with diethylpropion modified release tablets 75mg or phentermine tablets modified release 15mg and 30mg, which are 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 checked how medicines were stored, packaged and supplied to people. We saw medicines were stored securely in the possession of the prescribing doctor. We saw that medicines were dispensed into appropriately labelled containers. Records were kept of the packing process and of medicines supplied to patients.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The service had a protocol in place covering assessment, diagnosis and treatment. When patients telephoned to make their first appointment, the manager told us that they would carry out some preliminary screening to identify people who would not be suitable for treatment, to avoid them having an unnecessary journey and appointment. The questions covered age, height, weight, blood pressure if known and medical conditions. The service only treated adults aged 18 and over and we saw that they requested proof of identity.

We checked four people's records and saw that the protocol was followed and that the service had carried out an audit of weight loss. At the initial consultation the doctor asked people about their medical history including ways in which they had tried to lose weight in the past. We saw that their blood pressure, weight and height were recorded, their body mass index was calculated and target weights agreed. The doctor checked for contraindications to treatment such as high blood pressure or body mass index below the criteria for treatment with appetite suppressants, and we saw records to show that prescriptions were not issued in these circumstances.

Patients were offered follow up appointments at least every month, more frequently if they wanted additional support. We saw records to show that some patients saw the doctor once a month but visited the clinic more frequently to be weighed. Patients told us, and the records we looked at confirmed, that they had a break between courses of treatment at least every 12 weeks. Patients who had finished their course of treatment were able to have their weight checked at the clinic free of charge.

Staff training and experience

The doctors were all on the General Medical Council register. We saw certificates to show they had undertaken training on obesity management, and the doctor we spoke to said they would be attending an educational event in June on the causes of obesity. The service was a member of the Obesity Management Association and the manager told us they attended the association events to keep up to date.

Working with other services

Patients were given a registration form which included a recommendation to consult their GP before receiving treatment, and the doctor told us they advised people to inform their GP, however most people did not wish their GP to know. The doctor told us that they would contact the patient's GP if they needed further information as they did not have access to the patient's medical records.

Consent to care and treatment

Patients were asked to sign a registration form to confirm that the information they had provided on their medical history was correct and that they consented to treatment.

The service prescribed some unlicensed medicines. Medicines are given licences after trials which show they are safe and effective for treating a particular condition. Use of unlicensed medicines is a higher risk because less information is available about the benefits and potential risks. Information about this was provided to patients in the registration form, patient guide and other literature supplied by the service.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients we spoke to or who completed comment cards told us what they thought about the service. We received comments from 14 people which were all positive. They said the staff were friendly, helpful and non-judgmental, and that the service was professional and supportive.

Involvement in decisions about care and treatment

People told us they were given information about their treatment and staff were able to answer any questions they had. A range of information on diet, exercise, healthy living and other weight loss programmes was available in the waiting room, and patients who were prescribed appetite suppressants were given leaflets which included possible side effects of treatment.

Information on the costs of treatment were set out in a patient guide which was given to people at their first appointment. There were different charges for advice and support only, or advice and support with medicines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients told us that their needs were met by the service provided at the clinic. A receptionist was available to greet patients. We saw that the doctor provided guidance on healthy eating and regular exercise.

The provider carried out an annual patient survey to ensure that they understood the needs of their patients, there was a comments box in the waiting room and a form available for patients to complete if they wished to make suggestions. The manager told us that a few people had said they would like longer opening hours, but they were not able to provide this at the moment.

Patients were given a telephone number that they could contact at any time if they had concerns about their treatment.

Tackling inequity and promoting equality

The clinic was on the first floor of an office block, and the toilets were on the second floor. There was a ramp to the front door and lift access to all floors.

Information in large print was offered on request for people with impaired vision. There had been no significant demand for the service from people who did not speak

English and the provider had not made adjustments for this. The manager told us that a patient would be able to bring a family member as an interpreter if they wished. However this would mean the doctor had no assurance that information was being relayed accurately.

We were told that staff had noticed someone who appeared to have difficulty reading. They were given help to complete their registration form and the doctor had been told of the difficulty so that they could make sure all the necessary information was explained clearly.

Access to the service

The clinic is open on Tuesday and Friday from 10.30am to 2pm. Patients could make an appointment or walk in. The frequency of appointments was arranged according to patient choice, some patients preferred to come once a month but others who wanted more support could be seen every one or two weeks.

Concerns & complaints

There had been no complaints recorded in the last year. One person we spoke to said they had not needed to make a complaint but knew how to do so. There was a complaints policy and a notice in the waiting room giving details of how to complain. This information was also available in the leaflet given to new patients.

Are services well-led?

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

Our findings

Governance arrangements

The manager was based at the clinic on the days it was open, and the doctor told us they felt able to approach them if needed. The owner of the service was also a doctor and they were involved in developing the clinical policies. Staff had appraisals which gave them an opportunity to raise any concerns, and there were opportunities for training and development in-house and externally.

Consultations were recorded on paper record cards which were stored securely.

A recent audit had reviewed the process for responding to people who called to enquire about the service. Many patients travelled some distance to the clinic and had a wasted journey if they attended their first appointment and were found to be unsuitable for treatment. A series of screening questions were developed and the provider found that routine screening was effective in ensuring that the patients who did see the doctor were suitable for treatment.

There were processes in place to capture incidents and complaints, but there had been none in the last year.

The provider had a series of policies and procedures in place which were reviewed regularly and up to date.

Leadership, openness and transparency

The provider was aware of the requirements of the Duty of Candour and staff were able to describe the need to be open with patients if things went wrong. Observing the Duty of Candour means that people who use the service are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Learning and improvement

We saw records to show that when policies or procedures were revised, or there were other changes to practice, the manager communicated these to the doctors.

Provider seeks and acts on feedback from its patients, the public and staff

The clinic collected patient feedback through a questionnaire which showed that patients were satisfied with the service provided.