

Mrs Ingrid Camilleri

Kings Private Clinic

Inspection report

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Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Good overall. (Previous inspection: August 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? – Requires improvement

We carried out an announced comprehensive inspection at Kings Private Clinic as part of our inspection programme to rate the service.

Kings Private Clinic provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. There was no registered manager at the time of our inspection. This was because the provider moved from the previous location at short notice and hadn't submitted the correct registration documentation. As a result, the registered manager (who

Summary of findings

was still present and working for the provider) was automatically deregistered by CQC. Due to this, the provider was in breach of their registration condition. At the time of this inspection, the provider had submitted the correct application for the new location and this was awaiting approval. However, the provider was yet to submit the relevant forms for a new registered manager at the current location. We have been assured that the relevant application will be submitted imminently.

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.

Unfortunately, the service had not received any comment cards by the time of the inspection. However, we did manage to speak with four people using the service on the day of inspection. They were all happy with the service being provided. People using the service told us that they felt listened to and did not feel judged.

Our key findings were:

- People using this clinic were very happy with the service being provided.
- There was no registered manager in post at the time of this inspection.

- The provider was in breach of their location condition at the time of this inspection.
- The provider had moved to a new premises which meant that the doctor and the receptionist were based in the same consultation room.
- The clinic had systems to manage people that did not fit the criteria for weight loss treatment.
- The clinic was not signed up to the national central alerting system which sends out medical alerts.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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.
- The provider should continually review the issues around privacy and the facilities available. The provider should consider the arrangements for interpretation services.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Kings Private Clinic

Detailed findings

Background to this inspection

Kings Private Clinic is one of four locations owned by the same provider. This clinic is located in the basement of the offices at 100 Borough High Street. It is close to London Bridge rail and tube station, Borough tube station and local bus stops. Parking in the local area is limited and the clinic does not have step free access. The clinic consists of one consulting room. The clinic provides slimming advice and prescribes medicines to support weight reduction. It is a private service for adults between the ages of 18 and 65 years. It is open for walk ins on Tuesdays, and Saturday mornings.

The clinic is usually staffed by a receptionist and a doctor. If for any reason, a shift is not filled by the doctor or receptionist, staff from other locations can usually provide cover. In addition, staff work closely with colleagues based at the other clinic locations. On the day of inspection, we also spoke to the Business Manager and the Head of Operations. There is no registered manager in post and we have been assured that the relevant documentation will be submitted imminently. 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.

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?

Our findings

We rated safe as Good because:

- Systems and processes ensured that care was delivered in a safe way.

Safety systems and processes

The service had 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 including locum doctors. They outlined clearly who to go to for further guidance. 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 and had appointed a safeguarding lead.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.
- There was an effective system to manage infection prevention and control. The provider had asked the owner of the building for a copy of the Legionella risk assessment and testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the water temperatures were not above 60 degrees centigrade as they should be to reduce the risk of Legionella. Staff at

the clinic said that they had raised this issue with the owners of the building. Following the inspection, the provider received information from the building owners about improvements made to the water temperatures.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. However, there were no 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 accompany 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The doctor was trained in basic life support and the receptionist was trained in first aid.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The clinic had a first aid kit and kept emergency treatment for anaphylaxis although they were unlikely to need it. This medicine was checked to ensure that it was safe to use and within its expiry date.
- The doctor and the provider had appropriate professional indemnity arrangements in place to cover the activities at the clinic.

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. The medical records were kept securely and had appropriate information including medical and drug history. The doctor took blood pressure readings, weights and calculated body mass index at each visit.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 which included controlled drugs, emergency medicines and equipment minimised risks. However, there was no system for the safe disposal of medicine waste should this be needed.
- Staff prescribed, supplied and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines supplies.
- There were effective protocols for verifying the identity of patients. Identification was checked for clients on their first visit to the client, and if the client looked under 18.
- The medicines this service prescribed for weight loss were 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'.

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.

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. For example, there was a person who did not disclose their medical condition during their consultation. They were then supplied with medicines from the clinic, took them, and developed side effects. The service user called the clinic for advice and staff told them to come in and see the doctor. The doctor ensured that the person was safe from harm. Staff also reflected on how the initial consultation had been conducted and shared lessons learned from this.
- 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 relevant to the type of service.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept records of verbal interactions and written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- Doctors were expected to keep themselves informed of safety alerts and share information appropriately. However, there was no formal process to manage this in a robust way.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- Patients' needs were effectively assessed and care and treatment was provided in line with current legislation, standards and the provider's guidance.

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).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients appropriately.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of clinical review. The clinical review had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The doctor conducted a review of medical records over 10 months to look at weight loss. Of the records included, clients had lost 4% to 11% of their bodyweight. The doctor also noted lifestyle advice that had significantly helped people to lose weight e.g. reducing fizzy drink intake.
- The receptionist conducted checks to ensure that medical record cards were completed appropriately.

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.

- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with their 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. Staff referred to, and communicated effectively with, other services when appropriate.
- 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.
- The provider had risk assessed the treatments they offered.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance. We also saw that information was received from other clinics to enable this clinic to provide safe and effective treatment.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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. People were provided with information at their consultations on diet and exercise. They were also welcome to continue to visit the clinic to be weighed after finishing their course of medicines.

Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the doctor advised people to go to their GP for Vitamin D and thyroid tests if fatigue was an issue.
- Where patients' needs could not be met by the service, staff redirected them to their own GP.
- Staff understood the requirements of legislation and guidance when considering consent and decision making. They gave out leaflets about the medicines at the clinic which explained the side effects and the fact that they were unlicensed.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Consent to care and treatment

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

Are services caring?

Our findings

We rated caring as Good because:

- People using the service gave us positive feedback about the service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were not available for patients who did not have English as a first language. However, service users were advised to bring a friend who could

translate for them. We did not see notices in the reception areas about this. Information leaflets were available in various languages to help patients be involved in decisions about their care. (However, the notice on the wall was in English. This meant that if people were unable to understand written English, they would not know that this service was available).

- Patients told us that they felt listened to and supported by staff. They felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- There was only one clinic room which was shared by the doctor and the receptionist. Service users were asked if they wanted the receptionist to leave the room so that they could have privacy. Clients who were new to the clinic were seen by the doctor in private.
- There was a plan to find a larger space with a partition within the same building to enable more privacy for people using the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The provider organised and delivered services to meet patients' needs in a timely way.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

- The provider understood the needs of their patients and was looking into improving services in response to those needs. For example, some people said that they would like an evening clinic, so this was being explored.
- The facilities and premises were appropriate for the services delivered. However, it was not ideal to have the receptionist based in the same room as the doctor. The provider was looking into a larger space for the clinic within the same building.
- Reasonable adjustments had been made to support equal access to the service. For example, staff had magnifiers and a selection of reading glasses for people with poor eyesight. There was also a hearing aid loop available.

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 provided a walk in service. Clients often called ahead of coming to the clinic which enabled the receptionist to access their medical records in preparation.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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 a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the clinic received a complaint about the lack of privacy in the consultation room. As a result of that, staff ensured that every new client was seen by the doctor in private.

Are services well-led?

Requires improvement 

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

Our findings

We rated well-led as Requires improvement because:

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.

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.
- The provider was able to demonstrate that governance meetings were held for all the registered managers and doctors that worked for the organisation.

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 clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- 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 were proud to work for the service and focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, staff discussed an incident with all members of staff so that they could learn from it. 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 providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff. There was a lone worker policy to cover times when the receptionist had to work alone.

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.
- The provider did not have a robust audit system to review the effectiveness of treatments being offered at the clinic. However, staff completed a clinical review and used the findings to improve patient care.
- Not all staff were clear on their roles and accountabilities. This was because the service was undergoing changes in the governance structure. This had led to the issues around the incorrect submission of the registration documents and was being dealt with.
- 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?

Requires improvement 

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders had oversight of incidents, and complaints, however there was no recognised system to manage safety alerts.
- Staff were working towards ensuring that clinical audit had a positive impact on quality of care and outcomes for patients.
- There was evidence that the provider was reviewing services to improve quality.

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.
- 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 patients and staff.
- Staff could describe to us the systems in place to give feedback. Staff gave out a survey to service users on their second visit to the clinic. This was to enable feedback on how they were finding the service they were receiving.
- The service was transparent and collaborated with other slimming clinics from the same provider to ensure a high quality service was provided.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.

There were systems to support improvement and innovation work. For example, the provider was looking at offering a new weight loss injection at this clinic. However, they were reviewing its use at another location to see what could be learned.

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> <ul style="list-style-type: none">• The provider did not have governance arrangements to ensure that there was a robust audit system to review the effectiveness of treatments being offered at the clinic.• The provider did not have systems for handling healthcare and medicines waste.• The provider did not have a robust system for managing safety alerts.• The provider did not consider the arrangements for interpretation services. <p>This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>