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Kings Private Clinic

Inspection report

Kings Private Clinic
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Overall summary

We carried out an announced comprehensive inspection of this service on 30 May 2017 and found breaches of legal requirements in relation to Regulations 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a focused inspection on 12 December 2017 to confirm the provider now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kings Private Clinic –Ilford on our website at www.cqc.org.uk.

We carried out a focused inspection on 12 December 2017 to ask the service the following key questions: Are services safe, effective, 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 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.

We carried out this inspection under Section 60 of the Health and Social Care Act (HSCA) 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 30 May 2017 we found a breach of legal requirements to Regulation 13 of the HSCA (RA) Regulations 2014, Safeguarding service user from abuse and improper treatment because clinical staff at the clinic did not understand that safeguarding principles were relevant in the service and staff had not received safeguarding training. This meant there were gaps in the systems and processes which operated to effectively prevent abuse of service users. We checked this as part of this focussed inspection and found that some of this has been resolved.

Also at the last inspection on 30 May 2017 we found a breach of legal requirements to Regulation 17 HSCA (RA) Regulations 2014, Good governance, because the provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users,

Summary of findings

and others who may be at risk, which arise from the carrying on of the regulated activity. Specifically the provider had no systems and processes in place to monitor and improve the quality of services being provided. This includes incident reporting, emergency medicine risk assessments, communication with the patient's own GP and calibration of equipment. Also there was no up to date appraisals system and continuous professional development training for staff working at the clinic. We checked this as part of this focussed inspection and found that these had now been resolved.

King Private Clinic slimming clinic, and has four sites across London and Kent. The Ilford location comprises of a reception, office areas, waiting room and one clinic room. A toilet facility is available on the clinic premises. There were two doctors, a registered manager, account clerk and a cleaner working permanently at the Ilford location. The service has also employed a regional manager and practice manager to work across the four sites since our last inspection.

The clinic is open on Tuesday 10am to 2pm, Thursday 10am to 1.30pm. Then re-opens 2.30pm to 6.30pm and Sunday 10am to 12.30pm.

Slimming and obesity management services are provided for adults over the age of 18 on a walk in basis.

King Private Clinic, Ilford has a registered manager in post. 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 had put systems and processes in place to prevent abuse of service users.
- The provider had introduced some systems and processes to monitor and improve the quality of services being provided, including risk assessments for emergency medicine, fire and infection control. Also an up to date appraisals and continuous professional development training programme for staff had been introduced.
- A comprehensive policy and procedures were now in place to govern the activity of the service. Medical equipment had also been calibrated.

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

- Review the necessity for chaperoning at the service and staff training requirements.

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.

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

Are services caring?

Are services responsive to people's needs?
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.

Kings Private Clinic

Detailed findings

Background to this inspection

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.

We carried out an announced focussed inspection at Kings Private Clinic, Ilford on 12 December 2017. The inspection was led by a CQC Pharmacist Specialist accompanied by another CQC Pharmacist Specialist.

Before visiting, we looked at a range of information that we hold about the clinic including the previous inspection report and notifications, as well as the provider's action plan based on our previous findings.

The methods that were used during our visit included interviewing staff, observations 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.

We inspected the service against four of the five questions we ask about services: Is the service safe, effective, responsive and well-led. This is because the service was not meeting some legal requirements.

Are services safe?

Our findings

Safety systems and processes

The clinic now has a safeguarding lead. Staff were aware of how they would go about raising any safeguarding concerns. In addition, there was a safeguarding policy that staff could refer to. All doctors, including the registered manager, had been trained in the safeguarding of both adults and children.

Disclosure and Barring Service (DBS) checks were present for all staff.

We saw that one of the doctors was up to date regarding their revalidation with the General Medical Council and the other doctor was undergoing revalidation. Both doctors were registered with an appropriate responsible officer.

There were sufficient numbers of suitably trained and competent staff available at the clinic. During opening hours, the clinic was staffed by an administrative staff, the registered manager and one doctor. The practice manager works one day in each of the four locations. We saw that there was a staff induction policy and checklist.

We were told that the registered manager was able to act as a chaperone to patients. The clinic had a sign in the waiting area to explain to patients that a chaperone was available. Although staff had not yet received training to undertake this role.

Staff had arranged for an external company to conduct a Legionella risk assessment at the clinic. (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria.) The test determined that there was a low risk of legionella bacteria in the water system. We saw evidence of the test during the inspection.

The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. Staff told us that the premises was cleaned once a week.

Staff told us that the weighing scales and blood pressure monitor were cleaned and calibrated on a regular basis. We saw evidence of weighing scales calibration.

Risks to patients

Although this service was not designed or expected to deal with medical emergencies, the provider had developed a policy and risk assessed the need for emergency medicine. The doctor and practice manager had received basic life support training. There was also a first aid kit available and medicine for anaphylaxis reaction. If someone became unwell whilst at the clinic, there was always a doctor on duty during the clinic opening hours who could deal with this.

We saw evidence that the provider had indemnity arrangements to cover potential liabilities that may arise. We also saw that all the doctors had personal medical indemnity insurance to cover their activities within the service. We were told that in an emergency staff would call 999.

Information to deliver safe care and treatment

Individual records were written in a way to keep people safe. They were accurate, complete, legible, and stored securely and safely.

Safe and appropriate use of medicines

Track record on safety

Records showed that King Private Clinic, Ilford prescribes appetite suppressants (Diethylpropion Hydrochloride and Phentermine) to people who used the service. 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 has 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 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.

Are services safe?

At Kings Private Clinic 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.

The British National Formulary states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The uses 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.

When medicines were prescribed by the doctor they were supplied in labelled containers which included the name of the medicine, instructions for use, the person's name and date of dispensing. We saw that a record of the supply was made in the patient's handwritten medical record.

During our last inspection, we reviewed 12 patient records, and saw that no patients under the age of 18 were prescribed medicines for weight loss. We also noted that patients were given a two week break after 12 weeks of treatment as per recommendation.

Patients were also given written information about the products. However, the information provided for Diatus Plus capsules did not provide specific information relating to the ingredients. This meant that people would be unable to establish if they were allergic to one of the components.

Lessons learned and improvements made

The clinic had a system for identifying and analysing clinical incidents. We saw evidence of incidents that were reported as well as actions taken as a result. Staff demonstrated their understanding of their responsibilities to raise concerns.

The provider told us that they would receive information relating to safety alerts through their membership of the Obesity Management Association.

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. 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 written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients were asked to complete a consent and confidentiality form stating whether or not they suffered from a number of medical conditions. They were also asked to complete their GP information and whether they give consent for the clinic to contact them.

During the initial consultation, the doctor checked the blood pressure (BP), weight and height of each patient. They also checked for contraindications to treatment such as uncontrolled hypertension, serious medical problems and co-existing mental health conditions.

On our last inspection, we checked 12 patient records and were able to confirm that the medical history, weight, height and BP were taken at the initial visit. A body mass index (BMI) was calculated and target weights agreed and recorded. BMI, weight and BP readings were also recorded at subsequent visits.

Staff at the clinic kept records of instances when patients were refused treatment, such as patient allergic to lactose, co-existing medical conditions (haemophilia, coeliac disease, migraine, uncontrolled diabetes, high BP, poor kidney function), low BMI, and high BP readings.

During our previous discussion, we saw a number of records where people's BP readings

were slightly higher than normal, but they were still provided with appetite suppressants without any referral to their own GP for monitoring. We told the provider to take action on this and checked for progress at this inspection. The provider told us that they are in a process of creating a GP referral letter to be used in the event of suspected medical condition such as hypertension. We saw that this is due to be implemented by the end of January 2018.

Monitoring care and treatment

We found that the provider has introduced an audit plan to monitor the outcomes of people's care and treatment. However, we did not see any evidence of completed clinical audit since our last inspection to demonstrate the clinical effectiveness of the service being provided.

Effective staffing

Staff were provided with clinic policies to read and had signed to say that they had done this. We saw that staff had been trained in a number of areas since our last inspection such as safeguarding of adults and children, fire safely and basic life support.

We saw evidence of regular staff appraisals and learning needs that had been identified for staff. The practice manager had undergone infection control training and staff told us that in house training on infection control would be introduced for the rest of the team by the practice manager. We checked that the doctors working at the service were registered with the General Medical Council (GMC), and undergoing revalidation. We did not see any evidence to suggest that these doctors had undertaken any specialist training in obesity or weight management; however the provider told us that this would be introduced in March 2018.

Coordinating patient care and information sharing

People were asked whether they wanted information to be shared with their own GP. Patients who consented for information sharing were provided with written information to give to their own GP. If any concerns were highlighted whilst in contact with the clinic, patients would be referred to their own GP for further investigation. Staff told us that examples of reasons for referral to take place would include high blood pressure and depression.

Supporting patients to live healthier lives

We found that people who used the service were supported to manage their own health, care and wellbeing. There were a variety of diet information and meal plans based on people's preferences and religious needs.

Consent to care and treatment

Clinical records showed that consent was obtained from each patient before treatment was commenced. Patients were asked to sign a declaration before appetite suppressants were prescribed. This included the information that the appetite suppressants phentermine and diethylpropion were unlicensed but produced under a specials licence. The provider offered full, clear and detailed information about the cost of consultations and treatments.

Are services caring?

Our findings

This domain was not inspected on this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The facilities and premises were appropriate for the services being provided. The clinic was located on the first floor of the building. It consisted of a reception area with seats, a consultation room, and staff office. Whilst the clinic was not wheelchair accessible, staff told us that they directed patients to one of their other nearest clinic locations that had provisions for disabled access.

Slimming and obesity management services were provided for adults from 18 to 65 years of age by appointment. Patients could attend the clinic without an appointment as a walk in patient. Pre- booked appointments were not available. The service is open on Tuesday 10am to 2pm, Thursday 10am to 1.30pm. Then re-opens 2.30pm to 6.30pm and Sunday 10am to 12.30pm.

Where the service was unable to provide services to patients with mobility difficulties, details of alternative services were provided. Information and medicine labels were not available in large print, although an induction loop has now been made available since our last inspection for patients who experienced hearing difficulties. Medicines information leaflet for phentamine 15mg and 30mg tablets were now available in a number of different languages. Also leaflets for certain styles of diets according to people's preference were available.

Staff had no access to translating services and people were encouraged to bring a relative or friend who could translate for them.

Timely access to the service

The clinic was open three days a week. People accessing the service were able to do so without an appointment.

Listening and learning from concerns and complaints

The provider had put systems in place for documenting incidents and complaints since our previous inspection. There was also a complaints and incidents policy available. Staff were able to tell us about how people could make a complaint.

Whist no formal audit had been carried out since our last inspection, the provider had introduced systems to be used to monitor performance such as medical card audit and friends and family feedback forms currently being implemented.

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;

On the day of inspection the service leaders demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. There was a clear leadership structure in place and staff felt supported by management.

Staff told us and we saw evidence that the provider held regular meetings. Staff told us there was an open culture within the organisation and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were taken and fedback to staff.

Staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered by the provider.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (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). Whilst this had never happened, staff were able to explain how they would deal with poor practice and what to do if they needed to whistle blow. The leadership team encouraged a culture of openness and honesty.

Vision and strategy

The service had a statement of purpose. The clinic used the provider's policies and procedures, and staff had signed to state that they had read the policies.

Culture

Staff told us that they were aware of the need for openness and honesty with patients if things went wrong and had systems to ensure compliance with the requirements of the duty of candour. Whilst this had never happened, staff were able to explain how they would deal with poor practice. The registered manager told us that they felt supported, respected and valued in their role.

Governance arrangements

The provider had made appropriate arrangements to ensure good governance at this clinic, since our last inspection. A regional manager and practice manager has been employed to work across four of the fully operational sites. A governance committee has been formed to ensure that systematic activities are developed and used for implementing clinical governance at all levels. The committee would meet four times a year, and membership includes the practice manager, the registered manager and the nominated individual.

We saw evidence that the clinic kept relevant records relating to recruitment, for example; proof of identification and DBS checks. Medical records were paper based and were stored securely.

Although no provider audits had been conducted since our previous inspection, the practice manager has now taken full ownership of clinical governance and audit programmes to ensure that improvement and a safe service is offered to service users.

Managing risks, issues and performance

Staff understood their role, responsibility and lines of accountability. We saw evidence that the provider had the appropriate indemnity arrangements in place to cover potential liabilities.

Appropriate and accurate information

Patients told us they were given information about their treatment. A range of information on food choices and exercise was given. We saw policies governing activities in the clinic including safeguarding, infection control, fire safety, complaints handling and medicines management.

Engagement with patients, the public, staff and external partners

The clinic has a patient feedback questionnaire to collect feedback from patients. Although this was not widely utilised in the past, it is now being used to actively seek patient feedback on services received.

Continuous improvement and innovation

Staff told us that they are being encouraged to develop the service especially since our previous inspection, and support had been provided to ensure that this happens.

Leaning from incidents was discussed and shared in the newly formed governance committee meeting.