

Weight Medics Limited

# Victoria - Vauxhall Bridge Road

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 9 October 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 not providing well-led care in accordance with the relevant regulations. The impact

of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **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.

Victoria - Vauxhall Bridge Road is a slimming clinic located in Victoria, London. The clinic consists of a reception area, a ground floor consulting room and a basement level consulting room. It is close to Victoria rail and tube station, and local bus stops. Parking in the local area is very limited. The clinic is wheelchair accessible.

The clinic is staffed by a receptionist, a patient care manager and a doctor. There are staff based at other locations that cover shifts at this clinic. If for any reason, a

# Summary of findings

shift is not filled by one of the regular doctors, there are locum doctors who are familiar with the clinic that can be contacted. In addition, staff work closely with other staff based at the head office in Richmond. This clinic is one of five clinics that are run by the same provider organisation.

The patient care manager was the acting 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.

The clinic provided slimming advice and prescribed medicines to support weight reduction. It was a private service. It was open for walk ins or booked appointments every day except Sundays for a minimum of four hours.

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. At Victoria - Vauxhall bridge Road, the cosmetic procedure that was also provided is exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for weight reduction but not the cosmetic service.

Patients completed CQC comment cards to tell us what they thought about the service. We received 13 completed cards and all were positive. We were told that the service was excellent, and that staff always made time to listen to people, were helpful and flexible.

## **Our key findings were:**

- All patients received appropriate treatment breaks that were built in to their treatment regimens from the beginning.
- The clinic appropriately refused treatment to people with low weight, co-existing medical conditions or drug interactions.
- The clinic actively sought feedback from users of the service. Any negative feedback was discussed at team meetings where staff came up with ideas for improvement.

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

- Review the need for all doctors and senior staff to have safeguarding training (for both adults and children).
- Review the need to keep records to confirm that the blood pressure machine was regularly cleaned and calibrated.
- Review the current system of who can access medicines supplies in the clinic.
- Review the system of sharing medicines between all the doctors working in the clinic.
- 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. However, we found areas where improvements should be made relating to the safe provision of treatment. This was because:

- The provider had not ensured that all doctors and senior staff were trained in the safeguarding of adults and children.
- The provider did not have records to confirm that the blood pressure machine was regularly cleaned and calibrated.
- The provider did not have a system to ensure that medicines were only accessible to the doctors in the clinic.
- All doctors working in the clinic used the same supply of medicines. There was not a signed authorisation from all the doctors to do this.

We discussed these points on the day of the inspection, and the provider took immediate steps to rectify all points.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations. However, we found areas where improvements should be made relating to the effective provision of treatment. This was because:

- The consent form did not make it clear to the general public that the medicines offered at the clinic were unlicensed.

We pointed this out on the day of the inspection, and the provider took immediate steps to rectify this.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations. Patients told us that the clinic was excellent, always clean and that staff were supportive and flexible.

### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations. The clinic was wheelchair accessible. In addition, the provider had a disability policy which stipulated that all staff should be aware of potential needs of people with disabilities.

### **Are services well-led?**

We found that this service was not providing well-led care in accordance with the relevant regulations. Staff at the clinic had appropriate arrangements to ensure good governance, however we found some minor concerns highlighted in other areas of the report that had not been actioned by the provider. This location was one of five slimming clinics owned by the same provider. Audits were conducted and the findings were used to drive improvement. Any learning was shared with all staff. However there were no systems to ensure the blood pressure meter readings were accurate because it had not been calibrated and some staff had incomplete training records.

# Victoria - Vauxhall Bridge Road

## Detailed findings

### Background to this inspection

We carried out this inspection on 9 October 2017. Our inspection team was led by a member of the CQC medicines team, and was supported by another member of the CQC medicines team. There was also a member of the CQC medicines team shadowing. Prior to this inspection, we gathered information from the provider, and from patient comment cards. Whilst on inspection, we interviewed staff and patients and also reviewed 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 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. There was a system for receiving information relating to safety alerts. For example, we saw records relating to a drug recall that was actioned appropriately. The provider had a policy for dealing with medical emergencies. Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. When there were unexpected or unintended safety incidents, staff gave affected people reasonable support, truthful information and an apology.

### Reliable safety systems and processes (including safeguarding)

There was a safeguarding lead in the clinic. 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. One doctor had been trained in the safeguarding of both adults and children. Other members of staff had been trained in the safeguarding of adults only. The registered manager and the medical director (one of the doctors) were not trained in the safeguarding of children. We raised our concerns regarding the lack of safeguarding training for some of the doctors on the day of the inspection. We received confirmation that safeguarding training had been booked for the medical director and the registered manager to ensure that they have training in the safeguarding of both children and adults. Individual records were written in a way to keep people safe. They were accurate, complete, legible, up to date, and stored securely.

### Medical emergencies

Although this service was not designed or expected to deal with medical emergencies, the provider had developed a policy on this. This document explained that doctors on site were to deal with medical emergencies in the first instance, and if necessary, staff would call 999. A number of staff had received basic life support training. There was also a first aid kit available. 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.

### Staffing

There were sufficient numbers of suitably trained and competent staff available at the clinic. During opening hours, the clinic was staffed by a receptionist, a patient care manager (the acting registered manager) and one doctor. There was also a nutritionist that patients were referred to who was not directly employed by the service. Staff from another clinic location were able to cover shifts if necessary. This included receptionists, doctors and a patient care manager who was also the operations director. We saw that there was a staff induction checklist. Disclosure and Barring Service (DBS) checks were present for all staff. It was clinic policy to request a new DBS check every five years. However, there was not a valid DBS certificate on file for the nutritionist. The provider took steps to rectify this immediately. We saw that all the doctors were up to date regarding their revalidation with the General Medical Council. The doctors were registered with an appropriate responsible officer. We were told that the patient care managers were able to act as a chaperone to patients. Staff had received training to undertake this role. The clinic had a sign in the waiting area to explain to patients that a chaperone was available.

### Monitoring health & safety and responding to risks

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. Staff tested the fire alarms every Wednesday. In addition, there was a practice fire evacuation every six months.

### Infection control

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. A legionella test was booked for two weeks after the date of the inspection. The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. An external cleaning company cleaned the premises twice a week. We saw records of this activity. However, we did not see any records to suggest that the blood pressure (BP) machine was cleaned regularly.

# Are services safe?

## Premises and equipment

We were told that the weighing scales were calibrated, and we saw records to prove this. However we did not see any evidence that the BP monitor was calibrated.

## Safe and effective use of medicines

Records showed that Victoria - Vauxhall Bridge Road, prescribed 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.

At Victoria - Vauxhall Bridge Road, 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.

People could also purchase a herbal remedy (Chromium) to suppress appetite. There was very little evidence available to support the use of this remedy.

Medicines were stored securely and the key kept in a safe. We found that medicines could be accessed by members of staff that had not been authorised to do so. However a record of who had the keys confirmed safe practice. We asked the provider to review this system immediately.

Appropriate records were kept of the medicines, the orders, and the weekly full stock checks. Currently, the doctor supervised the medicines being dispensed. However, the service had recently found a supplier who would supply prepacked medicines. This would remove the need for staff to pack the medicines down into smaller quantities themselves.

Medicines were destroyed appropriately; however the service did not have a T28 waste exemption certificate to cover this activity. We pointed this out on the day of inspection and staff applied for the certificate immediately.

All doctors working in the clinic used the same supply of medicines and they did not currently have signed authorisation from all the doctors to do this. We discussed this on the day of the inspection and a protocol was immediately formulated to cover this activity.

We reviewed 18 patient records, and saw that no patient under the age of 18 or over the age of 65 was prescribed appetite suppressants. We noted that patients were always given an appropriate treatment break after 12 weeks of consecutive treatment as per recommendations.

Staff at the clinic kept records of instances when patients were refused treatment. Some of the reasons for treatment refusal were: low weight, co-existing medical conditions, and drug interactions with existing medicines. Patients that were refused treatment were given dietary advice and support.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Each patient was initially seen by a patient care manager. This meeting established a medical history and checked to see if people were contraindicated for treatment with appetite suppressants. The patient care managers weighed patients, calculated body mass index (BMI), and took detailed fat percentage measurements. They also did a BP reading. The various treatment packages available were also explained. With some packages, the patients' details were sent to the nutritionist who provided dietary advice.

If appropriate for treatment, the patient then had a consultation with a doctor who went through the medical history in more detail. All the medical records seen confirmed that a detailed medical history was taken for each patient. Additional notes were added from the consultation with the doctor. All patients had a treatment break at three months planned in from the beginning of treatment. Patients said that they were told about a treatment break and therefore expected it.

We noted that consultation appointments were of a suitable length of time. In addition, patients told us that the consultations were very thorough and professional. We saw that one patient who had a high BP was referred to their GP before treatment could commence.

We saw evidence that repeat weights and BP readings were completed at subsequent clinic visits. Side effects and treatment options were discussed and recorded. We did

not see any evidence of any patients being treated with a BMI below 30 kg/m<sup>2</sup>. Patients were asked to complete their GP information and give consent for the clinic to contact them.

### Staff training and experience

Staff were provided with the clinic policies to read and had signed to say that they had done this. We saw that staff were trained in a number of areas, for example chaperoning. Training had been booked for safeguarding as a result of the findings on the day of this inspection. All the doctors had undergone revalidation. We saw evidence of regular staff appraisals and learning needs had been identified for staff.

### Working with other services

As part of the consent form, people were asked whether they wanted information to be shared with their own GP. However, most patients did not select an option on the form to clarify if their GP could be contacted. Staff at the clinic had identified this as an area for improvement as a result of a recent audit. The receptionist was asked to check forms more thoroughly. Staff updated the consent form to tell patients how important this was and included this in consultations.

### Consent to care and treatment

Staff at the clinic ensured that patient consent was obtained prior to the beginning of treatment. However, the written information given to patients did not clarify that the treatments offered at the clinic were not licensed. We pointed this out on the day of inspection. As a result, staff have produced alternative wording that they will use from now on.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Patients completed CQC comment cards to tell us what they thought about the service. We received 13 completed cards and all were positive. We were told that the service was excellent, that staff always made time to listen to people, and were flexible. Consultations took place in a private consultation room located next to the reception area. The door to the consultation room had frosted glass to ensure privacy. Conversations could not be heard from outside the consultation room. Staff were available to provide advice over the phone.

### **Involvement in decisions about care and treatment**

Information relating to treatment options and the cost of treatment was readily available. Patients told us that they felt that the medical history taken was very thorough. Staff also discussed any concerns. For example, one patient was advised to stop treatment when she decided she wanted to try for a baby. We saw that there were a variety of patient information leaflets available which included information on nutrition and exercise.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The facilities and premises were appropriate for the services being provided. The clinic was located on the ground floor of the building. It consisted of a reception area with seats, a ground floor consultation room, and a basement level consultation room. Whilst the clinic was wheelchair accessible, the toilet facility was not. Slimming and obesity management services were provided for adults from 18 to 65 years of age by appointment. Appointments were available during the opening hours of the clinic. The opening hours of the clinic were as follows: Mondays (11am-3pm), Tuesdays (12pm - 7pm), Wednesdays (10.30am – 2.30pm), Thursdays (11am - 7pm) and Saturdays (10am - 3pm).

### Tackling inequity and promoting equality

The provider had a disability policy which stipulated that staff should be aware of the potential needs of people living with disabilities. Whilst some provisions had been made for patients with protected characteristics, information and medicine labels were not available in large print. An induction loop was not available for patients who

experienced hearing difficulties. We were told that a number of French and Portuguese speaking patients accessed the clinic. Staff who spoke those languages were able to communicate with those groups of patients.

### Access to the service

The clinic was open six days a week. People accessing the service were able to make an appointment. Patients usually phoned ahead of visiting the clinic. Very few patients walked in expecting to be seen immediately. People were generally able to get an appointment when they wanted. There were times when the clinic had planned closures (generally half term school holidays). Clinic closures were planned well in advance and patients were informed when they booked appointments.

### Concerns & complaints

Staff had systems for documenting incidents, and complaints. There was a complaints policy available with all the clinic documents. We did not see a sign that explained to patients how they could make a complaint. However, the patient welcome pack included information on how to contact the clinic. In addition, we saw records of complaints that had been made. They were all appropriately dealt with and any learning shared with all staff. Staff felt confident to raise any concerns relating to suspected or actual abuse, poor practice, and knew how to whistle blow.

# Are services well-led?

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

## Our findings

### Governance arrangements

Staff at the clinic had appropriate arrangements to ensure good governance at this clinic. However we found some minor concerns highlighted in other areas of the report that had not been actioned by the provider. This location was one of five slimming clinics owned by the same provider. Three of the locations had been undergoing CQC registration processes since October 2016. As part of that application, the clinic had applied for the patient care manager to become the registered manager. This application was ongoing.

The operations director and the registered manager (who both worked as patient care managers) worked across two of the fully operational sites. One of the doctors who worked at the clinic was also the medical director. Staff were clear about who they were accountable to and felt supported in carrying out their duties. They felt that they could always go to senior staff if they had any questions or concerns. The medical director had overall responsibility for the governance and safe and effective use of medicines.

The operations director and medical director had met with NHS England staff to ensure that all the doctors working at the clinic were appropriately revalidated for the work they do at the clinic.

We saw that the clinic kept relevant records relating to recruitment, for example, proof of identification and DBS checks. However some training was not complete for all staff.

Medical records were paper based and were stored securely. We saw that they were complete, legible and accurate.

The clinic conducted audits to assist in the identification of areas requiring improvement. We saw audits on medical records, complaints and cleaning. We saw actions taken when areas for improvement were identified.

Medical alerts were received by the operations director and disseminated to all staff as appropriate. A log was kept of any action required.

### Leadership, openness and transparency

The provider ensured that patients had a variety of ways to contact staff with any concerns. The service encouraged candour, openness and honesty. We saw that when things went wrong, the clinic apologised to patients and tried to put things right. There was an awareness of the requirements of the Duty of Candour regulation. (Observing the Duty of Candour means patients who use services are told when they are affected by something that goes wrong. They are then given an apology, and informed of any actions taken as a result.) 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.

### Learning and improvement

We saw that audits were completed in the following areas: completion of medical records and medicines stock. The audit results were analysed. Any issues or learning were sent to all staff by email which had to be acknowledged. We saw that the findings of audits were used to improve patient care. For example, an audit had highlighted the need for GP consent to be obtained and clearer handwriting on the medical notes. In addition, the medical director reviewed patient records (the quarterly patient review) and provided feedback to each doctor.

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

The clinic had a system to actively seek feedback from all patients via text message after each appointment. Patients could also give feedback via email or could call and speak to a member of staff. Any negative feedback received was discussed at meetings to look for ways to improve.

This section is primarily information for the provider

## 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><b>How the regulation was not being met:</b></p> <p>There were limited systems or processes in place that enabled the registered person to assess, monitor and improve the quality and safety of the service being. In particular:</p> <p>The blood pressure meter had not been calibrated and therefore the accuracy of the results obtained could not guaranteed.</p> <p>Staff training was incomplete.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |