

# The North London Slimming Clinic Limited

# North London Slimming Clinic

## Inspection report

16 Uvedale Road  
Enfield  
Middlesex  
EN2 6HB  
Tel: 020 8363 1098  
Website: not available

Date of inspection visit: 28 January 2019  
Date of publication: 20/02/2019

## Overall summary

We carried out an announced focused inspection on 28 January 2019 to ask the service the following key questions; Are services safe, effective and well-led?

### **Our findings were:**

#### **Are services safe?**

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

CQC previously inspected the service in November 2017 and in September 2018 when breaches of legal

requirements were found regarding safeguarding, governance and staffing. We took enforcement action to protect the safety and welfare of people using the service and at this inspection on 28 January 2019 we found that the provider had made improvements in these areas. You can read the reports from our previous inspections by selecting the 'all reports' link for North London Slimming Clinic on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

North London Slimming Clinic is located in Enfield, London. The clinic is run from a residential property. There is a ground floor reception, waiting room and consulting room. It is accessible by public transport, and there is parking available on the street close to the clinic. 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.

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

# Summary of findings

## Our key findings were:

- Safety policies were in place and staff had received training on safeguarding.
- Patient records were stored appropriately.
- There were systems to manage patient safety alerts and to record and investigate incidents.
- Staff records were completed to show that employment checks had been carried out.
- There was a process to ensure medicines were only prescribed to patients aged 18 or over
- Policies and procedures were in place to support the day to day running of the clinic and provide assurance to service leaders that the service was operating as intended.

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

# North London Slimming Clinic

## Detailed findings

### Background to this inspection

North London Slimming Clinic is an independent slimming clinic located in a residential property in Enfield, London. There is a ground floor reception, waiting room and consulting room.

The clinic has not been providing prescribed medicines since April 2018 because there was no doctor employed there and then because CQC imposed a condition in November 2018 to prevent medicines being prescribed while the provider made improvements to their processes.

Two members of the CQC medicines team carried out this focused inspection on 28 January 2019. During our

inspection we interviewed staff and reviewed documents. As the clinic was not providing prescribed medicines at the time of our inspection we did not get any feedback from patients.

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

### Safety systems and processes

At our inspection in September 2018 we found that staff had not had training on safeguarding, the provider did not have policies in place to cover all aspects of their operation, staff records were incomplete and DBS checks had not been undertaken. At this inspection we saw that the provider had made improvements.

- The provider had developed appropriate safety policies which had been communicated to staff. The service had systems to safeguard children and vulnerable adults from abuse. Policies had been reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider carried out staff checks 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).
- Staff had received up-to-date safeguarding and safety training and knew how to identify and report concerns. The registered manager was the safeguarding lead and was enrolled on a higher level training course appropriate to her role.

- Patient record cards were stored out of sight and under supervision when a clinic was in progress, and moved to a locked store when not in use.

### Risks to patients

Since our inspection in September 2018, the provider had carried out a further risk assessment to clarify the arrangements for dealing with medical emergencies. There was a documented policy in place.

### Lessons learned and improvements made

At our inspection in September 2018, we found that the provider did not receive all the relevant safety alerts and did not have an effective mechanism in place to disseminate alerts to all members of the team. At this inspection we saw that the provider had made improvements.

- There was a policy for managing safety alerts and the provider was able to give an example of a recent alert that they had received and reviewed.
- There was a policy for managing incidents which included recording individual incidents and discussing at staff meetings to share learning.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

At our inspection in September 2018 we found that the provider did not undertake appropriate checks on employed staff, and there were no records of staff induction. At this inspection we found the provider had made improvements.

- Staff records had been updated to include employment history, identity check and references.
- There were records of training undertaken by staff including certificates for safeguarding training.

- All staff had a checklist in their records signed by themselves and the manager to confirm training and reading of policies and procedures.

### Consent to care and treatment

At our inspection in September 2018 we found that although the service did not treat patients aged under 18, there was no documented process for checking the age of patients. At this inspection we saw a policy to ensure that staff would request identification when necessary. Information was available to explain to patients why the check was made

# 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;**

At our inspection in September 2018 we found that service leaders lacked the capacity and skills to deliver high quality care and keep people safe. At this inspection we found that they had made improvements.

- Staff had been trained in safeguarding, staff files were complete and there were policies in place to support the day to day running of the clinic.
- Leaders had sought support from external organisations to develop their skills and improve the quality of the service.

### **Governance arrangements**

At our inspection in September 2018 we found that clear responsibilities and systems of accountability to support good governance were lacking. At this inspection we found that the provider had made improvements.

- Policies had been updated in line with current good practice and had documented approval and review dates, allowing leaders to assure themselves the service was operating as intended.

### **Managing risks, issues and performance**

Service leaders had introduced processes to oversee safety alerts, incidents and complaints, for example the procedure for managing incidents included an annual review to identify themes and trends in addition to managing the individual incidents.

### **Appropriate and accurate information**

At our inspection in September 2018 the provider did not have processes in place to keep patient's information secure. At the time of this inspection records were stored appropriately and there was a documented procedure in place.