

Mrs Ingrid Camilleri

Kings Private Clinic Harrow

Inspection report

65c Headstone Road
Harrow-on-the-Hill
Middlesex
HA1 1PQ

Tel: 0208 863 3686

Website: www.kingsweightlossclinics.co.uk/clinics/harrow-london/

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Overall summary

We carried out an announced comprehensive inspection on 18 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Kings Private Clinic has four sites across London and Kent. We carried out an announced comprehensive inspection at the location in Harrow, Middlesex on 18 January 2018. The service comprises of a reception area and consulting room on the ground floor of 65c Headstone Road. It is close to Harrow-on-the-Hill rail and tube station, and local bus stops. Parking in the local area is

limited and the clinic is wheelchair accessible. A toilet facility is available on the clinic premises.

The clinic is staffed by a receptionist and a doctor. There is also a receptionist who only works on Sundays. If for any reason, a shift is not filled by the doctor, a locum doctor from a bank of doctors is brought in. In addition, staff work closely with other staff based at the head office in Ilford. The service is open on Thursday 10am to 5pm and Sunday 10am to 12pm. Slimming and obesity management services are provided for adults over the age of 18 on a walk in basis.

Summary of findings

Kings Private Clinic - Harrow 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Patients completed CQC comment cards to tell us what they thought about the service. We received 12 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:

- The clinic appropriately refused treatment to those who were contra-indicated (for example had high blood pressure (BP) readings).
 - The feedback from patients was always positive about the care they received, the helpfulness of staff and the cleanliness of the premises.
- There were areas where the provider could make improvements and should:
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available, and provide patients with this information in the medicines information leaflets.
 - Review the need to carry out calibration testing at regular intervals on the blood pressure machine.
 - Review methods to encourage feedback from patients and show how patient feedback is driving improvements within the service.
 - Review how information is shared with other providers in order to keep people safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The clinic had a system in place for reporting and recording significant events and incidents. The provider had appropriate arrangements in place to keep people protected and safeguarded from abuse. The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The provider ensured that all medicines were dispensed and labelled appropriately.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have a process in place to calibrate the blood pressure machine at regular intervals.

Are services effective?

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

There were appropriate numbers of suitably trained and competent staff available at the clinic. The doctor working in the clinic had undergone revalidation.

Patients were provided with written information about medicines in the form of a patient information leaflet. However, the written information did not make it clear that the medicines were unlicensed or being used off label.

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.

We saw records of complaints that had been made. They were dealt with in a timely way 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 if needed.

Are services well-led?

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

Staff at the clinic had appropriate arrangements to ensure good governance. Audits were conducted and the findings were used to drive improvement. Any learning was shared with all staff and there were clear roles and responsibilities to support good governance and management.

Kings Private Clinic Harrow

Detailed findings

Background to this inspection

We carried out this inspection on 18 January 2018. Our inspection team was led by a member of the CQC medicines team, and was supported by another member of the CQC medicines team.

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

Safety systems and processes

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. The clinic doctor had been trained in the safeguarding of both adults and children and the registered manager had also recently completed training.

Disclosure and Barring Service (DBS) checks were present for all staff and references had been obtained for all members of staff working at the clinic.

We saw that the clinic doctor was up to date regarding his revalidation with the General Medical Council and he was registered with an appropriate responsible officer (RO).

There were sufficient numbers of suitably trained and competent staff available at the clinic. During opening hours, the clinic was staffed by a receptionist (the registered manager) and one doctor. If a shift was not filled by the permanent doctor, locum doctors were available. Prior to a new doctor working at the clinic, he or she would shadow the permanent doctor in order to familiarise themselves with the clinic processes.

We were told that the receptionist was able to act as a chaperone to patients and she 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. However, chaperones were rarely requested because of the nature of the service.

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. The receptionist took responsibility for cleaning the clinic each week and we saw evidence of records of this activity. We saw evidence that the weighing scales were cleaned and calibrated on a regular basis. Whilst we saw evidence that the blood pressure machine was cleaned on a regular basis, staff told us that it wasn't calibrated at regular intervals.

Risks to patients

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. The receptionist had received basic life support training. There was also a first aid kit available which included adrenaline (a medicine used for life-threatening anaphylaxis). 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 the permanent doctor had personal medical indemnity insurance to cover their activities within the service.

Staff tested the fire alarm regularly and in addition, there was a practice fire evacuation every six months.

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

We were told by staff and records showed that appetite suppressants (Diethylpropion Hydrochloride and Phentermine) were prescribed 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 have not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided." For both products short-term efficacy only has been demonstrated with regard to weight reduction.

Medicines can also be made under a manufacturers special licence. Medicines made in this way are referred to

Are services safe?

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 Kings Private Clinic - Harrow, 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 version 71 states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines are also not currently recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians. This means that there is not enough clinical evidence to advise using these treatments to aid weight reduction.

Medicines were packed down into small quantities for sale to patients by the registered manager under the supervision of the clinic doctor. Medicines were stored securely in an appropriate cupboard in the clinic room. There was one set of medicines keys. It was held by the clinic doctor at all times. If the usual clinic doctor was not working, the keys were placed in a sealed envelope and stored securely in a safe. They were then stored by the registered manager until they were handed to the locum doctor. The key was then signed for by the locum doctor, until it was handed back to the registered manager. This meant that at all times, there was an audit trail available of who was in possession of the medicines keys.

During the clinic opening hours, medicines for immediate use were kept in the possession of the clinic doctor. We saw

records that proved that staff checked medicines stock levels at the end of each working day. A weekly stock check was also carried out to provide assurance that all medicines were accounted for.

When medicines were prescribed by the clinic doctor they were supplied in labelled containers. They were labelled with the name of the medicine, instructions for use, the patient's name and date of dispensing. We saw that a record of the supply was made in the patient's handwritten medical record. In addition, the clinic doctor made a record of what medicines had been prescribed and dispensed each day. When medicines were supplied for the first time, patients were given written information about the products.

We reviewed 11 patient records, and saw that no patients under the age of 18 were prescribed medicines for weight loss. This was checked by asking for a form of identification from the patient. We also noted that patients were always given an appropriate treatment break.

Lessons learned and improvements made

The clinic had a system for identifying and reporting 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 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Prior to the consultation each patient had to complete a medical history and sign to consent to treatment. The form also asked whether patients wanted information to be shared with their own GP.

During the initial consultation, the clinic doctor checked the blood pressure (BP), weight and height of each patient. The doctor also checked for contraindications to treatment such co-existing mental health conditions.

We checked 11 patient records A body mass index (BMI) was calculated and in some cases, target weights agreed. Target weights were not always recorded. We were told this was because they sometimes made patients 'try too hard' and they ended up gaining weight. BMI, weight and BP readings were also recorded at subsequent visits.

Staff kept records of instances when patients were refused treatment. Examples of reasons for treatment refusal were: low BMI, high BP readings and patient taking medicines for depression.

We saw two examples where patients with a BMI between 27 kg/m² and 30kg/m² (with no recorded co-morbidities) were prescribed appetite suppressants. This was not in line with evidence based guidance or the provider's own prescribing policy. In each case the patient had a family history of diabetes. The clinic doctor felt that this placed them at increased risk therefore he used his clinical judgement to prescribe appetite suppressants in this cohort.

Monitoring care and treatment

We found that the provider collected some information about the outcomes of peoples care and treatment; for example we saw evidence of an audit to check the consistency of prescribing against the clinic's own acceptance criteria. This found that out of 24 patients, one didn't have a clarification for justifying the prescribing of appetite suppressants. However, the provider had not re-audited this as part of a two cycle clinical audit to demonstrate the clinical effectiveness of the service. We brought this to the attention of the provider who told us they were in the process of updating this audit, as well as

carrying out more in the near future, including monitoring the level of unlicensed information given to patients prescribed appetite suppressants and monitoring the level of target weights set at the beginning.

Effective staffing

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 recently been completed by the receptionist on the safeguarding of adults and children. The permanent doctor had undergone revalidation and the receptionist received regular supervision.

We saw evidence of regular staff appraisals and learning needs that had been identified for the part-time receptionist.

Coordinating patient care and information sharing

As part of the consent form, people were asked whether they wanted information to be shared with their own GP. We saw that most patients selected an option on the form to clarify if their GP could be contacted. Patients who consented for information sharing were provided with written information to give to their own GP, however this was not sent directly to the GP by the clinic. If any concerns were highlighted whilst in contact with the clinic, patients were referred back to their own GP for further investigation. Examples of reasons for referral included 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 in an independent manner. For example patients were provided with information on different diet plans which could support people by developing individualised meal plans based on their 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. However, this did not include the information that the appetite suppressants Phentermine and Diethylpropion were unlicensed. This had been highlighted on a recent audit for action. Staff gave clear verbal information about this. Additionally there was

Are services effective?

(for example, treatment is effective)

a sign with this information on display in the clinic room for patients to read. The provider offered full and clear information about the cost of consultations and treatments.

Are services caring?

Our findings

Kindness, Dignity, respect and compassion

Patients completed CQC comment cards to tell us what they thought about the service. We received 12 completed cards and all were positive. We were told that the service was excellent, and 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 was closed during consultations 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. People told us that they felt that the medical history taken was very thorough. 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 people's needs

The facilities and premises were appropriate for the services being provided. The clinic was located on the ground floor of a separate building. It consisted of a reception area with seats and a consultation room. The clinic was wheelchair accessible.

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: Thursdays (10am to 5pm) and Sundays (10am to 2pm).

Whilst some provisions had been made for patients with protected characteristics, information and medicine labels were not available in large print or Braille for those with visual impairment. An induction loop was available for patients who experienced hearing difficulties.

We saw that patient information leaflets were available in 8 different languages for patients whose first language was not English. However, a physical translation service was not available. Staff used a mobile based translation application for rare instances where patients could not communicate in English.

Timely access to the service

The clinic was open two days a week. Patients could attend the clinic without an appointment as a walk in patient. Pre-booked appointments were not available.

Listening and learning from concerns and complaints

The provider had a procedure in place for handling concerns and complaints. This information was available in the clinic waiting room. We were told there had been no complaints received in the last 12 months.

Are services well-led?

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

Our findings

Leadership and culture

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 in head office.

Staff told us and we saw evidence that the provider held regular meetings. Staff we spoke to 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. Informal notes were taken and fed back 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.

Vision and strategy

The service had a vision to deliver quality care and staff were able to tell us their roles in achieving them. This vision was “to treat patients as individuals and provide bespoke treatment plans tailored to individual needs”.

The service lacked a business plan and strategy. The provider told us that this was currently in development at head office and they hoped to implement this in the near future.

Governance arrangements

Staff at the clinic had appropriate arrangements to ensure good governance at this clinic. The clinic doctor had overall responsibility for the governance and safe and effective use of medicines.

The operations manager at head office ensured 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. Medical records were paper based and stored securely. We saw that they were complete, legible and accurate.

The clinic conducted some 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 head office and disseminated to all staff as appropriate. A log was kept of any action required.

Engagement with patients, the public, staff and external partners

The provider had a system to seek feedback from patients via paper forms after each appointment. Patients could also give feedback verbally to the registered manager. However, we did not see any evidence of where patient feedback had led to improvements in the service delivered by the provider.

Continuous improvement and innovation

We saw that the findings of audits were used to monitor the service provided. For example, an audit had highlighted the need to justify the prescribing of appetite suppressants to appropriate patients. It also highlighted the need to give clearer explanation to patients on the unlicensed use of medicines.