Albany Medical Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection January 2017 – not rated)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Albany Medical Centre on 7 January 2020 to rate the service.

Albany Medical Centre provides weight loss services, cosmetic injections and laser hair removal.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Albany Medical Centre provides a range of non-surgical cosmetic interventions, for example cosmetic injections and laser hair removal treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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.

Our key findings were :

- People were positive about the amount of support they received from staff at the service.
- Prescribing and record keeping were in line with the company's policies.
- Learning from other services within the parent company was shared and implemented.
- The clinic was clean and tidy.

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

- Ensure appropriate risk assessments for the range of emergency medicines and equipment held, staff training and provision of basic life support.
- Ensure an appropriate risk assessment relating to chaperones.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Ensure patients' medical histories are reviewed in a timely way and document, including review where weight loss targets are not met.
- Consider the arrangements for the management of the retention of medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Consider arrangements for people who do not have English as a first language.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC Pharmacist Specialist. The team included another member of the CQC medicines team.

Background to Albany Medical Centre

Albany Medical Centre is a private slimming clinic for adults only, located in Sidcup, South East London. The clinic consists of a reception and two consulting rooms which are located on the ground floor. The clinic was staffed by a clinic manager, two male doctors, and two female clinic assistants who also acted as receptionists. The clinic provides slimming advice and prescribed medicines to support weight reduction. It was open for booked appointments on Tuesdays and Fridays 10:30am to 7pm and Saturdays 10:30am to 1pm. Patients could walk in on Mondays, Wednesdays and Thursdays to book clinic appointments. Patients could also be weighed and have their blood pressure readings taken but could not be supplied medicines at these times as the doctors were not available.

The provider operates three other slimming clinics; one in Inner London and two in Wales. All four clinics are registered by the relevant regulators.

How we inspected this service

Prior to the inspection we reviewed information about this service and other services operated by this provider, including the previous inspection report and information from the provider. We spoke to the registered manager, clinic staff 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.

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

Systems and processes did not ensure care was delivered in a safe way. For example, a lack of risk assessments relating to chaperones, emergency equipment, medicines and relevant staff training. There were concerns relating to updating of patients' medical history and retention of records if the service closed.

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. 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 service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- 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 for all staff in line with the service's policy. (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. The service did not offer chaperones; however, this decision was not supported by a risk assessment. There was an effective system to manage infection prevention and control. The service had undertaken a Legionella risk assessment and implemented any necessary actions. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were 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 be accompanying them.

Risks to patients

There were not always 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. However, only the doctors had received basic life support training.
- There was equipment to deal with medical emergencies which was stored appropriately and checked regularly. However, a risk assessment had not been undertaken to identify the range of emergency medicines, equipment and staff training required to keep patients safe.
- There were appropriate indemnity arrangements in place. We saw that there were suitable insurance arrangements to cover the professional practice of the doctors working in the service and also for public liability cover.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not always written and managed in a way that kept patients safe. The 14 care records we saw showed that information needed to deliver safe care and treatment was not always available to relevant staff in an accessible way. For example, it was not clear from four records, if a patient's medical history had been reviewed since the initial appointment at least two years previously.
- The service did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

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, controlled drugs, and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

Requires improvement

Are services safe?

- The service did prescribe Schedule 3 controlled drugs (medicines that have additional levels of control due to their risk of misuse and dependence) and had appropriate storage and records.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity and age of patients.
- The medicines this service prescribes for weight loss are 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 most safety issues. For example, fire prevention and evacuation and legionella.
- 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. There had not been any incidents since the last inspection, but staff were able to tell us how learning opportunities would be shared to improve safety in the service.
- 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
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

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 always 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 reviewed 19 patient records (including five where treatment with medicines was declined as not appropriate). We saw these contained enough information for clinicians to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service provided patients with patient information leaflets about weight loss and the long term benefits.

Monitoring care and treatment

The service was not always actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, every six months they undertook an audit of weight lost based on an audit tool developed by the Obesity Management Association (2013). The service also reviewed the screening of initial phone calls and emails where patients' body mass index was too low for treatment.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the audit showed that 53% of the records reviewed achieved a weight loss of greater than5%. However, 20% had not achieved a weight loss of greater than 5% and the remaining 27% had not completed 12 weeks of treatment for various reasons. The clinic was not able to explain how patients who did not achieve a greater than 5% weight loss were followed up.

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 medical professionals were registered with the General Medical Council (GMC) and were up to date with 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. For example, the patient's GP where the patient had consented at the initial appointment.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they first registered. Where they had not previously consented, this was discussed at subsequent appointments. Where patients agreed to share their information, we saw evidence of an initial letter sent to their registered GP in line with GMC guidance.

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. The registered manager showed us examples of patient information leaflets about weight loss and the long term benefits.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Patients not suitable for treatment were referred to their GPs, for example due to

blood pressure or thyroid conditions so this could be further assessed and treated. Once these risk factors were under control the service would reassess their suitability for treatment.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service did not monitor the process for seeking consent.

Good

Are services caring?

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- The service sought feedback on customer satisfaction.
- 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. 14 people provided feedback about the service via comment cards, all the feedback was positive.
- Comments about the staff included being friendly, helpful, professional and respectful of privacy. Comments about the clinic included the environment being clean and tidy.

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. Patients usually brought a friend or relative with them to interpret if English was not their first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and 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.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. Following feedback from patients the chairs in reception were replaced with larger chairs. Patients were also offered the opportunity to be weighed on days the clinic was open, but the doctors were not at the clinic.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had not been made so that people in vulnerable circumstances could access and use services on an equal basis to others. However, support was provided on an individual basis where possible, for example aiding patients over the stepped threshold of the service. Staff were not aware of people unable to access the service though the lack of reasonable adjustments.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

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. However, no complaints had been made to the clinic since the previous inspection.
- 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 complaint policy and procedures in place.

Good

Are services well-led?

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.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when staff discussed how they would respond to incidents and complaints. 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. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- 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 not always clear and effective processes for managing risks, issues and performance.

- There were not always effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, decisions about emergency medicines and basic life support traing had been made without an associated risk assessment.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit provided assurance that adequate weight loss was achieved for 53% of patient records audited. However, we saw no evidence that where the audit identified insufficient weight loss for individual patients this was followed up.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on have appropriate and accurate information.

Good

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, and staff and acted on them to shape services and culture. For example, the chairs in reception were replaced with larger chairs and the reception area and desk redesigned to improve patient and staff access.
- Staff could describe to us the systems in place to give feedback. Staff were able to voice any concerns during their regular meetings and during appraisals. We also saw staff engagement in responding to these findings.

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 and external reviews of incidents and complaints from other locations, as there had not been any at this clinic since the last inspection. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.