

AMC Health care Ltd

Albany Medical Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 25 January 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 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.

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.

CQC inspected the service on 28 July 2015 and asked the provider to make improvements regarding the management of medicines. This was because the provider had not complied with the labelling requirements for dispensed medicines as required under the Human Medicines Regulations 2012 (schedule 23) and staff had access to schedule 3 controlled drugs that they were not legally authorised to (Regulation 12 (2) (g)). We checked these areas as part of this comprehensive inspection and found this had been resolved.

Albany Medical Centre is a slimming clinic located in Sidcup, South East London. The clinic consists of a reception and two consulting rooms which are located on the ground floor of 2 Alma Road, which is just off Station Road. It is close to the main bus stops, the train station and there is on street parking. The building is wheelchair accessible.

The clinic was staffed by a clinic manager, two male doctors, and 2 female clinic assistants who also acted as receptionists. One of the doctors regularly worked at the sister clinic in Harlow, Essex. There was also an

Summary of findings

operational manager based at the sister clinic in Harlow who spent a considerable amount of time at Albany Medical Centre. The two clinics were run as one entity, and this ensured that practice was aligned.

The clinic manager was 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 Regulations about how the clinic is run.

The clinic provides slimming advice and prescribed medicines to support weight reduction. It is a private service. 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.

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 Albany Medical Centre, the cosmetic injections and laser hair removal treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for weight reduction but not the cosmetic services.

Patients completed CQC comment cards to tell us what they thought about the service. We received 23 completed cards and all were positive. Patients said that all the staff were friendly, helpful and very efficient with regards to helping them book appointments. They also said that the environment was clean and commented that they were always provided with information when this was requested.

Our key findings were:

- Staff told us that they felt supported to carry out their roles and responsibilities.
- We found that feedback from patients was always positive about the care they received, the helpfulness of staff and the cleanliness of the premises.
- The provider had systems in place to monitor the quality of the service being provided.

Action the provider **SHOULD** take to improve:

- The provider should only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- The provider should review arrangements in place to signpost the availability of a chaperone.
- The provider should review how the calibration of weighing scales is documented.
- The provider should review how people can make a complaint.
- The provider should ensure that the information provided in relation to the use of off license medicines is easily understandable to people using the service.

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. There were sufficient numbers of suitably qualified staff working at the clinic. The clinic maintained appropriate standards of cleanliness and hygiene. The provider should review how the calibration of weighing scales is documented. The provider should also review arrangements in place to signpost the availability of a chaperone.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. Staff screened and assessed patients prior to treatment. All staff received relevant training to enable them to carry out their roles. The clinic contacted patient's GP to share relevant information if the patients gave permission. Staff at the clinic ensured that patient consent was obtained prior to the beginning of treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. Patients were very positive about the service provided at the clinic. We were told that staff were very helpful, maintained people's dignity and treated people with respect.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations. The facilities and premises were appropriate for the services being provided. We saw evidence that staff had been trained to be aware of people with protected characteristics. Patients could call or walk in to book appointments. They could be weighed and have their blood pressure readings taken, outside of clinic times. The clinic had a system for handling complaints and concerns.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. There were good governance arrangements in place, including around medicines security. Staff felt supported to carry out their duties. Staff were able to describe how they would handle safety incident and were aware of the requirements of the duty of candour. There was a system in place for completing clinical audits. The provider sought the views of patients and used this information to drive improvement.

Albany Medical Centre

Detailed findings

Background to this inspection

We carried out this inspection on 25 January 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.

Prior to this inspection, we gathered information from the provider, and from patient questionnaires. Whilst on inspection, we interviewed staff and 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 in place for reporting, recording and monitoring significant events. We were told that there had not been any significant events; therefore there were no incident reports. Staff demonstrated an awareness of how to deal with incidents.

Staff were able to demonstrate their understanding of their responsibilities to raise concerns and record any incidents.

We saw that there were arrangements in place to enable the staff at the clinic to be informed of relevant patient safety alerts. (Although there had not been any relevant alerts recently.)

Staff were aware of their responsibility to comply with the requirements of the Duty of Candour.

Reliable safety systems and processes (including safeguarding)

The operational manager was the safeguarding lead. All the staff working at the clinic had been trained in safeguarding up to level two.

Individual records were written and managed in a way to keep people safe. They were accurate, complete, legible, up to date, and stored appropriately. There was a process to share records when the patient consented.

Medical emergencies

There was no formal risk assessment on the provision of services in the event of a medical emergency; however no emergency medicines or equipment was kept at the clinic. Whilst the service was not intended to deal with medical emergencies, the registered manager was trained in basic first aid. If someone became unwell whilst on site, staff at the clinic would call the emergency services and were aware of urgent care provisions in the local area.

Staffing

There were sufficient numbers of staff working at the clinic. The clinic was staffed by a registered manager (full time), two male doctors (both part time), and 2 female clinic assistants (both part time) who also acted as receptionists.

Disclosure and Barring Service checks were present for all staff in line with the policy for Albany Medical Centre. References were also obtained for all members of staff working at the clinic.

We saw that both the doctors were up to date with regards to their revalidation with the General Medical Council.

Clinic assistants were able to act as chaperones to patients that requested this. However, there were no arrangements in place to make it clear that chaperones were available. Whilst no patients had ever requested the assistance of a chaperone, staff acting as chaperones had not received any specific chaperone training.

Monitoring health & safety and responding to risks

We saw evidence that the provider had indemnity arrangements in place to cover potential liabilities that may arise.

Infection control

The clinic had conducted legionella testing, and the results were negative. (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria.) The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.

Premises and equipment

Records were kept of fire drills which took place every six months. All electrical equipment was tested to ensure that it was safe to use. Clinical equipment was checked to ensure it was working properly. We asked the clinic to document how they calibrated the weighing scales.

Safe and effective use of medicines

The service prescribed Diethylpropion Hydrochloride and Phentermine. 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

Are services safe?

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 Albany Medical Centre 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 use of these medicines is 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 supplies were ordered from an external company and were supplied to patients in appropriately labelled containers. Medicines from this clinic were used to supply a sister clinic in Harlow, Essex.

We reviewed a number of records, and saw that no patients under the age of 18 were prescribed medicines for weight loss.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Prior to treatment, patients were screened and assessed by clinic assistants. The information collected included past medical history, drug history, weight, height and blood pressure. All patients were seen by a doctor on each visit.

The clinic had a system in place for completing clinical audits in order to assess the quality of treatment provided. Examples included:

- An audit to check if treatment was effective and if the results compare to the national audit carried out by the Obesity Management Association in 2013
- An audit on patient medical information
- An audit to check if there were any medicines being prescribed that were not intended for weight loss
- An audit on weight loss

We checked 10 patient records and saw that people's date of birth, medical history, weight, height, and blood pressure were taken at the initial visit. Body mass index (BMI) was calculated and recorded. Patients were asked to complete a consent form. This form asked whether people were happy for information about their weight loss treatment to be shared with their own GP.

Clinic assistants were able to screen patients over the telephone. They asked key questions around BMI and medical history to ascertain if they were appropriate for treatment. If the person calling was unable to receive treatment from the clinic, they were advised to contact their GP.

Records were kept of patients who were refused treatment at the clinic. Reasons for treatment refusal included: BMI of less than 30 with no co-morbidities, BMI of less than 27, and patient taking contraindicated medicines.

Staff training and experience

All staff working at Albany Medical Centre received an induction to the clinic. Clinic assistants received training in

the following areas: fire safety, safeguarding (adults and children) level two, vulnerable adults, lone worker, data protection, record keeping, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, Care of Substances Hazardous to Health, complaint and conflict resolution, health and safety, handling violence, infection, and communication.

In addition, the doctors had training in the following areas: information governance, Caldicott protocols, risk reporting, equality, diversity and inclusion, safeguarding of vulnerable adults level two, and manual handling.

We saw that one of the clinic doctors had also completed training in: blood component transfusion, dementia awareness, duty of care in health and social care, fluids and nutritional awareness, food hygiene, falls prevention, Mental Capacity Act 2007, Mental Health Act 2007, preventing radicalisation, privacy and dignity in health and social care, promoting person centred care in health and social care, and basic life support

We were told that the doctors attended relevant continuing professional development in this area of practice. They also received appraisals from the registered manager.

Working with other services

We saw that the clinic contacted patients' GP's if they agreed to this. Information was shared relating to the treatments being received. If any concerns were highlighted whilst in contact with Albany Medical Centre, patients were referred to their GP for further investigation. Examples of reasons for referral included high blood pressure and depression.

Consent to care and treatment

Staff at the clinic ensured that patient consent was obtained prior to the beginning of treatment. There was information readily available on the cost of treatment. However, this information did not make it clear to members of the general public that the treatments being offered at the clinic were unlicensed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the service. We received 23 completed cards and all were positive. We were told that staff were very helpful, maintained people's dignity and treated people with respect.

Involvement in decisions about care and treatment

People were given time to make a decision relating to their treatments. People reported that staff listened to them, provided them with information when needed and made them feel welcome.

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 consisted of a reception area with seats, and three clinic rooms. A toilet facility was available at the clinic premises. The service was located on the ground floor of the building, and the building was wheelchair accessible. Slimming and obesity management services were provided for adults from 18 to 65 years of age by appointment.

Tackling inequity and promoting equality

We saw evidence that staff had been trained to be aware of people with protected characteristics. (Protected characteristics are defined in the Equality Act 2010 as including: age, disability, gender reassignment, race,

religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.) The clinic had large print leaflets with printed information available for people with reduced eyesight.

Access to the service

The clinic was open for booked appointments on Tuesdays and Fridays 10:30am to 7pm and Saturdays 10.30am to 1pm. Patients could call or visit on Mondays, Wednesdays and Thursdays to book clinic appointments. Patients could be weighed and have their blood pressure readings taken, but could not be supplied medicines outside of clinic times as the doctors were not available.

Concerns & complaints

The service had a system for handling complaints and concerns. There was a complaints policy. We saw that the complaints were recorded, with all actions taken also recorded. There were no clear signs in the clinic advising patients how to go about making a complaint.

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 access to policies and procedures.

Staff told us that they 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 two doctors had overall responsibility for the governance of the safe and effective use of medicines. There were two sets of keys for the medicines cupboard. This meant that the medicines cupboard could only be opened whilst one of the doctors was on the premises as none of the other members of staff had a key.

The registered manager had a clear understanding of the responsibilities involved in running a slimming clinic and felt supported.

Leadership, openness and transparency

Staff could describe how they would handle any safety incidents. There was an awareness of the requirements of the duty of candour regulation. Observing the duty of candour means that people who use services are told when they are affected by something that goes wrong, given an apology, and informed of any actions taken as a result. Staff were encouraged to be open and honest and we could see that was the case by speaking to them.

Learning and improvement

There were regular staff meetings where learning was shared with all members of the team.

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

We saw that the views of people using the service were regularly sought after using a survey. The results of the survey were analysed each year and used to drive improvement. In addition to this, there was a feedback box located in the reception area and people were welcome to share their views.