

North London Slimming Clinic

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This service is rated as Inadequate overall. (Previous inspection August 2019 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at North London Slimming Clinic to follow up on breaches of regulations.

CQC inspected the service on 24 August 2019 and asked the provider to make improvements regarding fit and proper persons employed. We checked this area as part of this comprehensive inspection and found this had been resolved. We also asked the provider to make improvements regarding safe care and treatment and good governance. We checked these areas as part of this comprehensive inspection and found that they had been partly resolved.

North London Slimming Clinic is located in Enfield, London. It provides weight loss services 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.

Our key findings were :

- The premises provided a pleasant environment for the service
- There had been improvements in the secure storage and recording of controlled drugs
- There was no cold chain policy, and no checks to ensure that medicines requiring refrigeration were stored at the appropriate temperature
- Medicines were not prescribed in line with local policy or national guidance

- There was a lack of monitoring of the quality of clinical care
- The policies available on the day were out of date

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

(Please see the specific details on action required at the end of this report).

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available

This service was placed in special measures in October 2019. Insufficient improvements have been made such that there remains a rating of inadequate overall. This service will remain in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 member of the CQC medicines team and included another member of the medicines team.

Background to North London Slimming Clinic

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. It is accessible by public transport, and there is parking available on the street close to the clinic.

The weight loss services, including the prescribing of medicines for the purposes of weight loss, are provided under the supervision of a doctor. The service is available to adults aged 18 and over, on a walk-in basis. The clinic is open on Saturdays from 9am to 12pm.

How we inspected this service

During the inspection we spoke to the registered manager, clinical and reception 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.

Are services safe?

We rated safe as Inadequate because:

At the last inspection in August 2019 we rated safe as inadequate because systems and processes did not ensure care was provided in a safe way. At this inspection we found improvements in the secure storage and recording of medicines and the maintenance of equipment. However we have rated safe as inadequate because medicines requiring refrigeration were not handled safely and medicines were not always prescribed in line with local policy or national guidance.

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 including locums. 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. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At the last inspection, the provider had not carried out checks on all staff at the time of recruitment. During this inspection, we found that improvements had been made in recording checks on staff identity and employment history. The doctor was registered with the General Medical Council although there was no record to show that the provider had checked this. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including a legionella risk assessment.

- At the last inspection we found electrical equipment testing and fire extinguisher checks were overdue. On this inspection, we saw evidence that appropriate tests and checks of equipment had been carried out.
- At the last inspection the fire risk assessment was overdue. On this inspection, we found that 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

The systems to assess, monitor and manage risks to patient safety did not cover all activities

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and said they would contact the doctor if urgent medical attention was needed.
- The service did not keep the emergency medicines recommended in national guidance and had carried out an appropriate risk assessment to inform this decision. This is a service where the risk of medical emergency is low.
- The service did not assess and monitor the impact on safety of changes to the service. The service had introduced two new medicines, one of which was not licensed for use in weight loss. The medicines required refrigerated storage. There had been no assessment of the facilities and processes needed to ensure that they were handled safely, or of the risks in using a medicine outside the terms of the product licence.
- There were appropriate indemnity arrangements in place

Information to deliver safe care and treatment

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

- At the last inspection we found that individual care records were not always written and managed in a way that kept patients safe, and the records we looked at during this visit showed that this was still the case. Height was not always recorded so it was not possible to calculate Body Mass Index (BMI). A target weight was not always recorded, or updated after a break in

Are services safe?

attendance. At this inspection the service had started to carry out regular audits of the records and an improvement plan was in place. It was too early to see improvements in the records that we checked.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- We did not see any examples of referrals to other services.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- At the last inspection the systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment did not minimise risks. On this inspection we found that improvements had been made in the secure storage of some of the medicines which were now under the control of the doctor. However medicines which need to be stored in a refrigerator were brought to the clinic by the doctor and stored in a domestic fridge where food was also kept. The service had not checked the temperature of the fridge or the arrangements to keep the medicines cool in transit. The service had no arrangements to ensure that the medicines were stored within the appropriate temperature range between the weekly clinic sessions. There was no cold chain policy in place.
- The service did not carry out regular medicines audits to ensure prescribing was in line with the provider's prescribing policy.
- Staff did not always prescribe and supply medicines to patients in line with legal requirements and current national guidance. We saw that some patients were prescribed medicines when their initial body mass index was lower than indicated in the provider's policy. The doctor told us they determined whether it was safe to prescribe on an individual patient basis without reference to national guidance. The prescribing policy had not been shared with the doctor.
- At the last inspection the processes in place for checking medicines were ineffective and staff did not keep complete and accurate records of medicines. At this

inspection we found the service had made improvements. There were checks on the stock used during the session but no evidence of checks to show that the total stock balanced with the records.

- Some of the medicines this service prescribes for weight loss are unlicensed. 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'. Another medicine we saw at the service is licensed but not for use in weight loss. 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.

Track record on safety and incidents

The service did not have a good safety record.

- There were risk assessments in relation to safety issues.
- At the last inspection we found that the service did not monitor and review activity and did not have a clear, accurate and current picture that led to safety improvements. At this inspection there were improvements in the organisation of safety documentation but limited processes for monitoring and review.

Lessons learned and improvements made

The service did not learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses, but the system for recording and acting on significant events was not always followed.
- At the last inspection we saw that the service recorded and investigated individual incidents, but they did not learn and share lessons, identify themes or take action to improve safety in the service. This was still the case, and a recent concern we were told about had not been recorded as there was no clear process to follow.

Are services safe?

- 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 was aware of external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to relevant members of the team.

Are services effective?

We rated effective as Inadequate because:

At the last inspection in August 2019 we rated effective as Requires improvement because patients' needs were not effectively assessed and the process for sharing information with a patient's GP did not follow national guidance. At this inspection we rated effective as Inadequate because there had been no change in documenting clinical assessment and in some cases there was no record of whether the patient consented to sharing information with their GP.

Effective needs assessment, care and treatment

We saw evidence that clinicians did not assess needs in line with current legislation, standards and guidance

- At the last inspection we found that patients' immediate and ongoing needs were not always fully assessed. We saw that records did not always include a target weight for patients. At this inspection we found that records still did not always include a target weight, and the target was not always reviewed after a break in treatment. For example one patient started treatment in November 2019 after a break of 18 months and the target weight set in 2010 was not updated.
- Clinicians did not always have enough information to make or confirm a diagnosis. If patients returned from an extended break in treatment there was no clear process to review and record any changes to their medical history.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- At the last inspection we saw that there had been no recent audit of activity. At this inspection we saw that two monthly audits of record cards had been undertaken, and a summary of findings recorded. However there had been limited progress in making changes to improve the quality of care and outcomes for patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation
- The provider understood the learning needs of staff. 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, but did not always work well with other organisations, to deliver effective care and treatment.

- Patients received person-centred care but it was not always co-ordinated with other services.
- Before providing treatment, doctors at the service obtained information about the patient's health and their medicines history by asking patients to complete a questionnaire.
- Patients were asked whether they consented to share details of their consultation and any medicines prescribed with their registered GP, but at the last inspection we saw that this section of the record was not always completed. This was still the case and three out of the ten records checked did not show whether the patient consented to information sharing. Where patients did consent to information sharing, the service did not have a system in place to communicate with the GP and we saw no examples where they had done so 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 service had a range of information leaflets available for patients to look at while waiting.
- 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 .

Are services effective?

- 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 monitored the process for seeking consent appropriately and all the records we reviewed showed that this section was completed and signed by the patient.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider had carried out a patient survey and feedback was positive about the way patients were treated. One person reported a negative experience when telephoning the clinic.
- 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.

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 and the provider had not identified a need for this.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations were held in a private room where people could discuss sensitive issues.

Are services responsive to people's needs?

We rated responsive as Requires improvement because:

At the last inspection in August 2019 we rated responsive as Good because the service was provided in an appropriate environment and patient feedback was positive. At this inspection we rated responsive as Requires improvement because there was no process for recording and reviewing complaints.

Responding to and meeting people's needs

The service did not organise and deliver services to meet patients' needs.

- At the last inspection the registered manager told us that patients they would like more clinic sessions, particularly outside working hours, and they were considering this feedback. Since then the hours have been reduced from seven hours to three hours on Saturdays.
- The facilities and premises were appropriate for the services delivered.

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.
- As a walk-in service, waiting times could be extended at busy periods.

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.
- 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. At the last inspection we found the service handled individual concerns and complaints appropriately but the recording process meant they had limited information on which to improve the quality of care. At this inspection we found there was still no clear process for recording and reviewing complaints and we were told about a concern that had not been recorded because staff did not know what to do

Are services well-led?

We rated well-led as Inadequate because:

At the last inspection in August 2019 we rated well-led as inadequate because the governance systems in place did not ensure effective risk management, performance monitoring, learning or continuous improvement. At this inspection we rated well-led as inadequate because we found that leadership capacity, monitoring processes, governance arrangements and continuous improvement were lacking.

Leadership capacity and capability;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about some of the issues and priorities relating to the quality and future of services. They did not understand all challenges and how to address them.
- Leaders were visible but did not always work closely with staff to prioritise compassionate and inclusive leadership.
- At the last inspection we found that the provider did not have effective processes to develop leadership capacity and skills and there were no formal plans for the future leadership of the service. At this inspection there had been no progress in the development of leadership capacity and skills.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a vision and set of values. The service was considering strategies and supporting business plans to achieve priorities.
- The service discussed its vision, values and strategy informally with staff
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- At the last inspection we found that the service did not have a formal process to monitor progress against delivery of the strategy. At this inspection there had been no progress in implementing monitoring processes.

Culture

The service did not have a culture of high-quality sustainable care.

- Some staff said they did not always feel respected.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed. There was a policy for annual appraisals.
- The safety and well-being of all staff was considered.
- We observed examples of difficult relationships between some staff that were not managed well

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- At the last inspection we found that the provider had established policies and procedures but did not assure themselves that they were operating as intended. At this inspection we were shown a different set of policies which had not been updated since 2010. The policies that we saw to be current at the last inspection were not available. It was not clear which policies were in use, and no evidence that there was a process to ensure that staff were operating them as intended.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- At the last inspection we found there was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety. At this inspection we found there had been improvements to the organisation of documentation but no change to overall processes.
- At the last inspection we found that the service did not have processes to manage current and future performance. At this inspection there had been some improvement in monitoring the completion of clinical records. However consultations, prescribing and referral decisions were not monitored against the policy to audit

Are services well-led?

the performance of clinical staff. This meant the quality of care and outcomes for patients could not be demonstrated. There was no clear evidence of action to change services to improve quality

- Leaders were aware of safety alerts, incidents, and complaints but as at the last inspection there was no oversight of themes and trends.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance.
- There was limited information available to monitor performance and the delivery of quality care. There were no plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were 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 patients and staff to support services.

- The service heard views and concerns from patients and staff but we did not see examples of how they acted on them to shape services and culture
- Informal systems were in place to give feedback. There were no formal staff meetings but staff told us they were kept up to date through regular communication with the registered manager.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was limited focus on continuous learning and improvement.
- At the last inspection we found the service did not make use of reviews of incidents and complaints to make improvements. Although we were told there had been a concern raised since that inspection there was no record, and no shared learning.
- There were no formal systems to support improvement and innovation but staff felt able to make suggestions and the registered manager told us about some planned changes based on these.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Services in slimming clinics	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: • The provider did not have systems and processes in place to assess, monitor and improve the quality and safety of the services provided • The provider did not have systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. In particular there was no process to ensure that policies were in date, available to staff and used in practice. This was in breach of Regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Services in slimming clinics	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not assessed the risks to the health and safety of service users. In particular: They had introduced medicines which required refrigeration without establishing procedures to ensure they were handled safely. The provider did not have systems for the proper and safe management of medicines. In particular: Prescribing was not in line with current national guidance or local policy. The clinical audit process did not effectively monitor prescribing and record keeping against national guidance or local policy.