Albany Medical Centre

Inspection report

2 Alma Road
Sidcup
DA14 4EA
Tel: 02083009900

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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall. (Previous inspection January 2020 – Good)

We carried out an unannounced focused inspection at Albany Medical Centre on 14 October 2022, in response to concerns raised with the Care Quality Commission. As a focused inspection, the key questions we inspected and rated were:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services well-led? – Requires improvement

We did not inspect the key questions of caring and responsive because our monitoring did not indicate a change of either rating since the last inspection. The ratings from the last inspection have been carried forward:

Are services caring? – Good

Are services responsive? – Good

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 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:

- The service kept records of potential patients who were deemed unsuitable for treatment. These records were reviewed to ensure that the screening process was effective.
- The service had undertaken appropriate risk assessments relating to emergency medicines and equipment held by the service.
- The availability of chaperones had been risk assessed and withdrawn by the service.
- The clinic was clean and tidy.
- Processes to ensure the safe and effective delivery of care were not effective.
- Clinical audit did not include the monitoring of the effectiveness of treatments offered.

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

- Ensure that 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.

Overall summary

(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.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a member of the CQC medicines team. 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 prescribes 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. However, they could not be supplied medicines at these times as the doctors were not available. The provider operates 3 other slimming clinics; 1 in Inner London and 2 in Wales. All 4 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. During the inspection 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. Previous concerns relating to chaperones and emergency medicines and equipment had been addressed. However, other concerns relating to updating patients' medical history had not been resolved. Additional concerns were identified with the level of detail contained within the medical records.

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. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. Since our previous inspection the need for staff to act as chaperones had been risk assessed and withdrawn.
- 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 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.
- There were appropriate indemnity arrangements in place. Doctors working in the service had suitable insurance arrangements to cover their professional practice and there was public liability cover.
- The need for medicines and equipment to deal with medical emergencies had been risk assessed and were not required.

Information to deliver safe care and treatment

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

Requires Improvement

Are services safe?

- Individual care records were not always written and managed in a way that kept patients safe. The 10 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, none of the 10 records we reviewed contained details of why the clinician had prescribed medication without having patients' full medical history. For 3 people's records, the rationale for prescribing or prescribing certain quantities were not always recorded. Information on the medical records regarding 2 people's mental health was contradictory.
- The service had systems for sharing information with staff and other agencies to enable them to deliver care and treatment, where the patient had given consent.
- At the time of the inspection 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. Following the inspection, the service provided details of how medical records would be retained in the event that the service ceased trading.

Safe and appropriate use of medicines

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

- Whilst systems and arrangements for managing medicines storage and supply (including controlled drugs), and equipment minimised risks. The processes for managing the prescribing did not always minimise risks.
- The service had not carried out a regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing since the previous inspection.
- The service prescribed some schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence). The service prescribed some schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence). These were not always managed in line with guidance. When more than 30 days treatment was prescribed, no record of the rationale for this was made.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. However, we could not see any evidence that the risks of high blood pressure readings were shared with the patients. Or that patients had been signposted to seek further medical advice about their blood pressure whilst receiving medicines from the service. Where patients' high blood pressure readings were recorded, further blood pressure readings were not always recorded at subsequent visits for some people.
- The medicines this service prescribed for weight loss were 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 safety issues. For example, fire prevention and evacuation and managing the risk of legionella. However, they would benefit from being reviewed as they predated the previous inspection.
- 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

Requires Improvement

Are services safe?

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. The service learned and shared lessons, identified themes and took action to improve safety in the service. 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.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

Systems and processes did not ensure care was delivered in an effective way. For example, concerns were identified with the level of detail contained within the medical records and the effectiveness of treatments offered by the service had not been reviewed.

Effective needs assessment, care and treatment

The provider did not always have systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians did not always record the needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were assessed. However, due to gaps in the records, for example a summary of the consultation and any advice provided, we were not assured they were fully assessed.
- Clinicians may not have had enough information to make or confirm a diagnosis, as this was not consistently recorded in the patients' records.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were generally seen on a monthly basis, whilst weight loss targets were set over longer time periods.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, they had reviewed the screening of telephone calls and emails for patient suitability by the reception staff. However, the services had not undertaken any outcome audits since the previous inspection. Therefore, they were not able to provide assurance that the care provided was effective.

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 professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.

Coordinating patient care and information sharing

Staff worked together, and worked in a limited way with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated with other services when patients had given consent.
- Before providing treatment, doctors at the service did not always ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being declined treatment where treatment was not appropriate.

Requires Improvement

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they first registered. We were told, where they had not previously consented, this was discussed at subsequent appointments. However, this was not documented.
- Staff told us risk factors were identified, highlighted to patients, and if the patient had consented were appropriately highlighted to their normal care provider. Staff told us patients not suitable for treatment were referred to their own GPs. For example, due to their blood pressure readings or thyroid conditions so that this could be further assessed and treated. Once these risk factors were under control the service would reassess their suitability for treatment. However, this was not recorded in the notes we reviewed where elevated blood pressures were recorded, and weight loss treatment prescribed.
- The service did not monitor the process for seeking consent appropriately.

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 told us they gave people advice so they could self-care. However, we did not see detailed records made of this after the initial consultation.

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.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

Systems or processes to assess, monitor and improve the quality and safety of the services being provided were not effective. For example, the service was not auditing the quality and completeness of medical records, their adherence to updated guidance, the effectiveness of treatment plans or that consent was appropriately obtained.

Leadership capacity and capability;

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

- Leaders were not fully aware of the issues and priorities relating to the quality and future of services. They did not appreciate all the challenges nor 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 lacked effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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.
- Whilst the service had not reviewed its vision and values, they were exploring additional ways to deliver their service to patients.
- Staff were aware of and understood the vision and values and their role in achieving them.

Culture

The service had a culture of sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- 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.
- 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 was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

Requires Improvement

Are services well-led?

- Structures, processes and systems to support good governance and management were set out and understood, however gaps in the clinical auditing processes had not been identified.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety. However, they were unable to provide assurance that all processes were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate but limited.
- 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.

Managing risks, issues and performance

There were gaps around processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety was not always effective.
- The service had processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- Quality and operational information was not consistently available to ensure and improve performance.

Engagement with patients, the public, staff and external partners

The service involved patients, and staff support services.

- The service encouraged and heard views and concerns from the patients and staff acted on them to shape services. For example, a patient survey had been undertaken to assess the current face to face service and the potential interest in remote consultations.
- Staff could describe to us the systems in place to give feedback.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Services in slimming clinics	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The effectiveness of the treatments offered.

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 were not being met.

Regulated activity	Regulation
Services in slimming clinics	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, medical records: • lacked details of the patients' consultation • contained patients' blood pressure readings suggestive of high blood pressure, without evidence of escalation • lacked explanations for controlled drugs prescriptions of more than 30 days • lacked explanations for prescribing without access to the patient's full medical history.