

# RK Private Clinics Ltd

## 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?

Good 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at RK Private Clinics Ltd on the 23 November 2022 under Section 60 of the Health and Social Care Act (HSCA) 2008 as part of our regulatory functions. This was part of our inspection programme to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to rate the service.

RK Private Clinics Ltd provides weight loss services, including prescribing medicines and dietary advice to support 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:**

- Staff sought consent before people were provided with any treatment at the service.
- We saw evidence that patients were given appropriate treatment breaks

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

- Keep a clear record of the information that has been discussed with patients during their consultations.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- To take account of revised professional guidance around prescribing and sharing of information when prescribing some medicines.

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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 optimisation team. The team included another member of the CQC medicines optimisation team.

## Background to RK Private Clinics Ltd

RK private Clinics Ltd is a slimming clinic located in Maidstone town centre. It is one of two registered locations run by this independent provider. This is the first inspection of this location under this newly registered provider. Information in relation to the predecessor organisation was reviewed in preparation for this inspection.

The clinic is located in Maidstone town centre. It occupies an area on the ground floor of a shared building. Whilst there is no step free access, there is ramp access into the building from the office next door. Patients can also access toilet facilities on the first floor. The clinic is open on Wednesdays from 11am to 2pm for face to face consultations. Patients can access prescribed medicines as well as advice on diet and lifestyle. The clinic is staffed by a clinic manager and a doctor.

### How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection report for the predecessor organisation and information given to us by the provider. We spoke to clinical and non-clinical 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 Good because:

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

We identified a safety concern that was rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

## 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 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 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).
- The doctor had received up-to-date safeguarding and safety training in relation to adults and children.
- Staff 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. A legionella risk assessment had also been conducted. (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.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They were aware that the clinic policy was to call the emergency services if needed. All staff had first aid training. In addition, the doctor was trained in basic life support.
- The service had carried out a risk assessment and determined that it was not necessary to keep the emergency medicines recommended in national guidance. This is a service where the risk of a medical emergency is low.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place which included professional indemnity cover for the doctor.

## Information to deliver safe care and treatment

# Are services safe?

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

- The individual care records showed that staff did not always have the relevant information needed to deliver safe care and treatment. At the time of this inspection, there had been a recent change to the system for confirming medical information relating to patients attending the clinic. This new system should improve the information available.
- The service had implemented a new system for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had 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, including controlled drugs minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribes Schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence). The service maintained a full audit trail of prescribing and supply to patients.
- The doctor 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. 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 of patients.
- Some of 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'. At the inspection we that the provider also provided information about healthy eating and discussed the triggers for eating unhealthily.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- 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. Whilst there had been no incidents, staff were able to tell us how they would deal with them to improve safety in the service.

## 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.

# Are services effective?

## We rated effective as Requires improvement because:

Clinicians did not always deliver care and treatment in line with current legislation, standards and guidance.

### Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were assessed. Where appropriate, this included their clinical needs and their mental and physical well being.
- Clinicians did not have enough information to make or confirm a diagnosis. We saw from the records that the provider was reliant on the patient sharing information and there was no corroboration with the patient's GP.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The medical records clearly showed that people received appropriate treatment breaks.
- The provider encouraged patients to record their body weight on their phones and analysed this data during consultations to encourage weight loss.

### Monitoring care and treatment

#### The service was actively involved in quality improvement activity

- The service used information about care and treatment to make improvements. For example, the provider was in the process of conducting a weight loss audit. However, as this was a new service, the data was still being collected and analysed.

### 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 (doctors) were registered with the General Medical Council (GMC) and were up to date with re-validation
- 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 did not work together, and did not work well with other organisations, to deliver effective care and treatment.

- Before providing treatment, doctors at the service did not ensure that they had adequate knowledge of the patient's health and their medicines history.

# Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. However, if they refused to provide consent to share details, they were still provided with medication. The provider had recently updated their prescribing policy to ensure that this is no longer the case. Systems for sharing information with patients' own GPs have now been implemented.
- The provider had risk assessed the treatments they offered. If a patient had not received weight management medicines before, they were only given enough for 1 week. If they had received these medicines before, they were provided with enough for 3 weeks.

## **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. Patients were provided with a welcome pack which included information on the medicines used at the clinic. The doctor also discussed diet, exercise and lifestyle with patients. However, records were not always kept of the verbal advice provided to patients.

## **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.



# Are services caring?

**We rated caring as Good.**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received
- 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.

## **Involvement in decisions about care and treatment**

### **Staff helped/did not help patients to be involved in decisions about care and treatment.**

- Information leaflets could be made available in alternative formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand.

## **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.

# Are services responsive to people's needs?

**We rated responsive as Good**

## **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. We saw that the provider had asked patients for feedback about the service and had assessed if opening times could be varied.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchair users could access the clinic using the external ramp belonging to the office next door.

## **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.
- 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 time of this inspection, the service had not received any complaints.

# Are services well-led?

**We rated well-led as Good**

## **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.**

- The provider was able to give a clear vision about the development of the service. The service had a supporting business plan to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy.

## **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.
- 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 re-validation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.

# Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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 clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders had oversight of safety alerts, incidents, and complaints.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- 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.

## Engagement with patients, the public, staff and external partners

### The service involved 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, staff and external partners and acted on them to shape services and culture. For example, the service collected patient views to see where improvements could be made.
- Staff could describe to us the systems in place to give feedback. For example, staff were able to raise any issues during staff meetings, and during their appraisals. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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.
- 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.
- There were systems to support improvement and innovation work. Staff were encouraged to share any ideas they had for the development of the service.