

# Weightmedics - Richmond

## 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?		Good	
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.** (Previous inspection 12 2019 – rated Good overall).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Richmond 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.

CQC inspected the service on 3 December 2019 and served a requirement notice for a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements regarding the medicines fridge and the detail included in patient records. We checked these areas as part of this comprehensive inspection and found that these issues had been resolved.

Richmond provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. The Nurse Director 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 provider had implemented additional infection control measures in response to the COVID-19 outbreak.
- The provider had developed a mobile phone application for patients to aid access to information on weight management.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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.
- Make a clear record of the dose and frequency information for medicines prescribed.
- Make a clear record of the rationale when a different approach to national guidance is taken in order to protect patient safety.
- Blood pressure readings should be taken and recorded in line with the clinic protocol.
- Review the system for sharing treatment plans with patient's own GPs to ensure they are sent consistently.

# Overall summary

- Review and improve how consent is obtained to ensure that patients are aware of all treatment risks.

**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 CQC medicines team.

## Background to Weightmedics - Richmond

Richmond is a slimming clinic that is part of the Weightmedics chain of clinics, and is located in Richmond, South West London. There are a total of four registered locations.

Three locations (including this one) have been previously inspected and rated. One location is newly registered and is yet to be inspected and rated. The previous inspection report for this location was viewed in preparation for this inspection.

The clinic consists of a first floor reception area and consulting room and a staff office on the second floor. It is very close to Richmond rail and underground station, and local bus stops. Parking in the local area is limited. Richmond is open for face to face consultations on Tuesdays, Thursdays, Fridays, and Saturdays. People can also access video consultations with a doctor or a patient care manager seven days a week.

The clinic building is staffed by a receptionist, and a doctor. A patient care manager and a nutritionist can work remotely or from a clinic office to see patients via video link. Staff based at other locations can also cover shifts at this clinic. If for any reason a shift is not filled by one of the regular doctors, there are a number of locum doctors familiar with the clinic that can be contacted. In addition, staff work closely with other staff based at the other locations.

### How we inspected this service

We gathered a number of documents from the registered manager prior to our site visit and reviewed them for this inspection. During this inspection, we interviewed staff, made observations and reviewed additional 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**

## **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 all staff. They outlined clearly who to go to within the organisation 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 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 according to the organisation's own 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. One staff member was awaiting additional safeguarding training and had been booked onto a course. Staff knew how to identify and report concerns.
- At the last inspection, we found that records were not kept to show that staff who acted as chaperones had been trained. During this inspection, we saw evidence that staff were trained for the chaperone 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). An internal audit had identified that staff were not carrying out legionella tests in all relevant areas of the building. In response to this, extra training was sought to ensure that staff knew what to do and why.
- Additional infection control measures were put place in response to the COVID-19 outbreak. This included plastic screens at reception, floor stickers to encourage social distancing and hand-gel at reception.
- At the last inspection, we saw that one of the weighing scales had not been calibrated. During this inspection, the provider ensured that facilities and equipment were safe and that equipment was maintained according to the manufacturers' instructions. The clinic did not dispose of any healthcare waste. Any unwanted medicines were denatured on site and returned to the wholesaler. The clinic had the appropriate certificate for this activity.
- 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.
- There was an effective system to manage infection prevention and control. Records were maintained to show that cleaning was carried out and checked before each clinic session.

## **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 doctors and the registered manager were 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.

# Are services safe?

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- At the last inspection, we saw that prescribers sometimes used abbreviations when they were prescribing medicines. Whilst a key was available to interpret what was prescribed, abbreviations are not in line with best practice in prescription writing. During this inspection, we saw that Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, doctors did not always record the dose and frequency of the medicines that were prescribed.
- All records were updated during the consultation or within a reasonable time after the consultation, in line with guidance.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- At the last inspection, we found that the service did not have a formal 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. During this inspection, we found a system was in place.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- At the last inspection, we found that staff did not have an effective system to ensure that medicines requiring refrigerated storage were managed appropriately. During this inspection, we found that systems and arrangements for managing medicines (including controlled drugs) and equipment minimised risks.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. As the service had transitioned to electronic records, access to medical records was improved. As records could be accessed remotely, doctors within the service were able to conduct prescribing peer reviews.
- The services prescribed and supplied 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. 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.
- At the last inspection, where there was a different approach taken from the clinic prescribing policy, we did not see that records were made to support the rationale for treatment. During this inspection, we did not see a clear rationale that protected patient safety recorded when a different approach to national guidance was taken. For example, when more than 28 days supply was given, records were not made to explain the reason for this.
- There were effective protocols for verifying the identity of patients, including for patients accessing treatment via video consultations.
- 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'. We saw evidence that all medicines prescribed by the clinic were included as part of an overall weight management plan.

# Are services safe?

## 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. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, it was noted that some medicines were going missing in the post. As a result, the provider chose a different courier service, and the rate of medicines going missing reduced significantly.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- At the last inspection, whilst the registered manager was signed up to receive patient safety alerts, there was no back up system for when they were on leave. During this inspection, we saw that the service had robust systems in place for knowing about notifiable safety incidents.

# Are services effective?

**We rated Effective as Good**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider assessed patients' needs in line with relevant standards and only prescribed medicines as part of a holistic weight management programme.
- Clinicians had enough information to make or confirm a diagnosis. Patients were asked for information on their medical history and any medicines that they were taking. Patients were weighed at each face to face consultation. They were also required to have their blood pressure (BP) checked at their initial consultation and then periodically.
- 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. During this inspection, we saw that a patient was appropriately refused treatment with medication due to co-morbidities. They were still offered support with weight management.
- The provider had developed a mobile phone application that enabled patients to access information to aid weight management. This application was being piloted at the time of this inspection and included information on nutrition and exercise. Patients were also able to use it to track their own weight.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- At the last inspection, we found that the service was unable to demonstrate the clinical effectiveness of the service being provided. During this inspection, we saw that clinical audits demonstrating effectiveness of the treatments being offered were being conducted.
- The service used information about care and treatment to make improvements. For example, an audit was carried out to review treatment dropout rate. Doctors also conducted peer reviews of medical notes to ensure that prescribing was in line with clinic policy.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, staff conducted a weight loss audit. Any patients who were not on track to reach their goal weight were offered further support and advice.

## **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 were registered with the General Medical Council and the Nursing and Midwifery Council. They were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.



# Are services effective?

## Coordinating patient care and information sharing

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received person-centred and holistic care and the importance of not relying on medicines alone was discussed. Staff referred to, and communicated effectively with, other services when appropriate. For example, GPs were contacted for information on renal and cardiovascular impairment when existing patients reached 65 years.
- During initial registration, patients were asked for basic details of their health. On arrival to the clinic, patients were asked to complete a more detailed form. This captured information relating to their health, and their medical history. During the consultation with the doctor, this information was discussed in detail and patients were weighed. We saw that BP checks were not always completed for all new patients in line with the clinic protocol.
- Patients accessing the clinic via video consultation were asked to submit identification documents, height, weight, and a validated blood pressure reading.
- Patients received person-centred and holistic care and the importance of not relying on medicines alone was discussed. Staff referred to, and communicated effectively with, other services when appropriate. For example, GPs were contacted for information on renal and cardiovascular impairment when existing patients reached 65 years.
- During initial registration, patients were asked for basic details of their health. On arrival to the clinic, patients were asked to complete a more detailed form. This captured information relating to their health, and their medical history. During the consultation with the doctor, this information was discussed in detail and patients were weighed. We saw that BP checks were not always completed for all new patients in line with the clinic protocol.
- Patients accessing the clinic via video consultation were asked to submit identification documents, height, weight, and a validated blood pressure reading.
- All patients were asked to consent to the sharing of their treatment details with their own GPs. This happened during the initial clinic registration process.
- Where patients did not consent to information sharing, we did not always see records made of a discussion of the risks.
- During this inspection, we did not see that consent to information sharing was always revisited during the consultation with the clinic doctor. This meant that patients were not always informed of the risks of not sharing information as per current guidance. Patients should be informed of the risks of not sharing information with their own GPs prior to consenting to treatment. We made a recommendation to the provider to consider revisiting how and when consent to information sharing is obtained.
- If patients consented to information sharing, letters were supposed to be sent to their own GPs informing them of the treatment being provided. However, due to a system glitch, letters were not always sent. We made a recommendation to the provider to review the system for sharing information with patients own GPs.
- The provider's policy was recently updated to make information sharing with GPs in patients over 65 years mandatory for certain medicines. If permission was not granted, treatment could not be provided with certain medicines due to the increased risk in this age group. However, those patients could still access weight management support services.

## 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. For example, patients were emailed information on healthy living including links to videos for support.
- Some patients were provided with a consultation with a nutritionist to discuss healthy eating.
- The provider had developed a mobile phone application to support weight management. At the time of this inspection, this application was being piloted.

# Are services effective?

- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Patients were asked to consent to treatment during the initial clinic registration process. However, this decision was not revisited once patients had spoken to the doctor and received information on all treatment risks. We made a recommendation to the provider to consider how consent to treatment is obtained and reviewed.
- 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.

# Are services caring?

## We rated caring as Good

### Kindness, respect and compassion

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

- The service sought feedback from patients on how satisfied they were with the service provided. All patients were sent a text message asking for feedback after each consultation. If anyone gave a score lower than the maximum, they were contacted to find out how the service could be improved. This information was used to monitor and improve the service.
- 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 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. However, people were encouraged to bring an interpreter with them to their consultation if needed. Patients were also told about multi-lingual staff who might be able to support them.
- All patients were encouraged to take a holistic approach to their weight loss. This was reflected in the contents of the mobile phone application and in the language used on the provider's website. Diet and exercise were also discussed and patients were made aware not to rely on the use of medicines alone.

### 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.
- Consultations with the doctor were held in a private room in the clinic. It was not possible to hear the consultations from the waiting area. Patients were advised to go somewhere private and quiet whilst they were having video consultations.

# 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. For example, people had asked for the service to increase the opening hours. As a result, patients could now access appointments on Sundays.
- The facilities and premises were appropriate for the services delivered. Whilst the clinic was not wheelchair accessible, people requiring wheelchair access could be accommodated at a different clinic location.
- Reasonable adjustments were made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, people could make the text larger on the tablet screen whilst completing the pre-assessment forms in reception. Staff were also able to provide magnifying glasses to people with poor eyesight. A hearing aid loop was available.

## **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. If for any reason the doctor could not attend, other doctors who could cover would be contacted.
- Doctors were able to conduct video consultations for patients who did not wish to attend clinic in person.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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 a complaint policy and procedure in place. The service learned lessons from individual concerns, complaints and from the analysis of trends. It acted on these to improve the quality of care. For example, the service amended the medication delivery targets to take into account delays due to the COVID 19 outbreak.

# 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.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The vision and strategy was communicated to staff at team meetings.
- The service monitored progress against delivery of the 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, action was taken when a member of staff's behaviour fell short of the values of the organisation.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, due to issues with medication deliveries, the provider contracted a new courier company.
- 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. The provider had moved to an electronic system to manage all their human resources processes. This empowered staff with the ability to keep track of their own progress, training and their appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- 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 had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

# Are services well-led?

## 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff knew where to access the providers' policy documents.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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. Risk assessments were regularly reviewed and updated.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. We saw that there was a clinical governance meeting where this was discussed.

## 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, patients said that they needed help with taking BP readings at home. As a result, the provider put detailed information to assist patients with taking accurate BP readings on their website.

# Are services well-led?

- There were systems to support improvement and innovation work. For example, audit results were discussed in staff meetings. Staff discussed career development during appraisals and were encouraged to attend relevant learning events.
- Staff could describe to us the systems in place to give feedback. For example, they told us that they were in constant communication with managers and felt confident to raise any issues. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- 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. For example, staff attended numerous online events that were of interest or relevant to the development of the service.
- The service made use of internal reviews of incidents and complaints. Learning was shared with the whole team and used to make improvements.