The North London Slimming Clinic Limited

North London Slimming Clinic

Inspection report

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Enfield
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Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Overall summary

This service is rated as Inadequate overall. (Previous inspection in January 2019 was not rated).

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at North London Slimming Clinic to rate the service as part of our inspection programme.

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.

Summary of findings

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.

Six people provided feedback about the service. We were told that the service was very good, and that staff were always helpful and made people feel comfortable.

Our key findings were:

- Patients were positive about the staff and the service provided by the clinic
- The premises were clean and tidy and provided a pleasant environment
- There was a lack of monitoring of the quality of care delivered
- Systems to ensure the suitability of staff for employment were not followed
- Processes were not in place to ensure the proper and safe management of medicines

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
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

(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.
- Review the arrangements to meet peoples language and communication needs.

I am placing this service 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

North London Slimming Clinic

Detailed findings

Background to this inspection

Our inspection team was led by a member of the CQC medicines team and included another member of the medicines team.

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 4pm.

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.

Inadequate

Are services safe?

Our findings

We rated safe as Inadequate because:

Systems and processes did not ensure care was provided in a safe way.

Safety systems and processes

The service did not have 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.
- The provider had not carried out checks for all staff at the time of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks had not been undertaken for the doctor, or for a non-clinical member of staff as required by their 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. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control and the provider had carried out a legionella risk assessment.
- The provider did not ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The electrical equipment testing was out of date, and the fire extinguishers were out of date. Immediately after the inspection the provider arranged for these tests to be carried out.
- The provider did not carry out appropriate environmental risk assessments. The fire risk assessment was out of date. Immediately after the inspection the provider arranged for the assessment to be carried out.

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 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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.

- Individual care records were not always written and managed in a way that kept patients safe. Some of the records we reviewed did not include information about height, weight and body mass index recorded in a way which ensured it was accessible to staff. Body mass index was not always calculated accurately from the patient's height and weight.
- The service did not have an effective system for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment did not minimise risks.
- The service did not carry out regular medicines audits to ensure prescribing was in line with the provider's prescribing protocol.

Inadequate

Are services safe?

- 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 processes in place for checking medicines were ineffective and staff did not keep complete and accurate records of medicines.
- 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'.

Track record on safety and incidents

The service did not have a good safety record.

- There were limited risk assessments in relation to safety issues.
- The service did not monitor and review activity which meant that they did not have a clear, accurate and current picture that led to safety improvements.

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.
- 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. The provider conducted a review of records following an incident and identified that treatment was not always provided in line with the policy, but there was no evidence that they had made any changes.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were not always fully assessed. We saw that records did not always include a target weight for patients.
- Clinicians had enough information to make or confirm a diagnosis. If patients returned from an extended break in treatment, any changes to their medical history were recorded.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service did not use information about care and treatment to make improvements. They had not carried out a recent audit to monitor activity, but the clinic had been closed for a few months in the last year and only re-opened in February 2019.

Effective staffing

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

- All staff were appropriately qualified. A new member of staff had started work before starting the induction programme but we saw they were supervised.
- Relevant professionals were registered with the General Medical Council and 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.

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 ensured they had knowledge of the patient's health, any relevant test results and their medicines history. The doctor described examples of patients being signposted to more suitable sources of treatment where they did not have sufficient information to ensure safe prescribing.
- Patients were asked whether they consented to share details of their consultation and any medicines prescribed with their registered GP, but we saw that this section of the record was not always completed. Where patients did consent to information sharing, we saw no evidence of letters sent to their registered GP 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, and staff told us they selected a different leaflet each week to display at reception.
- 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.
- 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.

Good

Are services caring?

Our findings

We rated caring as Good because:

Feedback from patients was positive and staff treated them with compassion and dignity

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- Patients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

The service was provided in an appropriate environment and patient feedback was positive.

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. The registered manager told us that patients said they would like more clinic sessions, particularly outside working hours, and they were considering this feedback.
- 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 were extended at busy periods and people told us this could be inconvenient but they understood why it happened.

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 complaint policy and procedures in place. 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.

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Inadequate because:

The governance systems in place did not ensure effective risk management, performance monitoring, learning or continuous improvement.

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 and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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.

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
- The service did not have a formal process to monitor 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.
- 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. There was a policy for annual appraisals but the one member of staff who had worked at the service since December 2017 had not had an appraisal in that time.
- There was an emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

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.
- Leaders had established policies and procedures but did not assure themselves that they were operating as intended. The polices that had been put in place at the last inspection were not being followed in practice and this had not been identified and addressed.

Managing risks, issues and performance

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

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service did not have processes to manage current and future performance. Consultations, prescribing and referral decisions were not monitored in order to audit the performance of clinical staff. Leaders were aware of safety alerts, incidents, and complaints but did not have oversight of themes and trends.
- The lack of clinical audit meant that 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.

Appropriate and accurate information

The service did not have appropriate and accurate information.

Are services well-led?

Inadequate

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- 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 sustainable services.

- The service heard views and concerns from patients and staff and 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.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- The service did not always make use of reviews of incidents and complaints. Learning was not always shared and used to make improvements.

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 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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have systems in place to ensure the proper and safe management of medicines This was in breach of Regulation 12 (2) g of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Services in slimming clinics	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not ensure that appropriate employment checks were in place for new staff This was in breach of Regulation 19 (1) 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 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 provider did not have effective systems or processes in place to ensure that they assessed, monitored and mitigated risks to the health, safety and welfare of service uses and others. In particular:** • The system to ensure that premises and equipment checks were carried out was not effective, and checks were overdue. **The provider did not have effective systems or processes in place to to assess, monitor and improve the quality and safety of the services being provided. In particular:** • The system for ensuring that the policy for regular audits was carried out was not effective. • Improvements identified during a review of patient records had not been implemented, and records included incorrect information. **The provider did not have effective systems and processes in place to ensure that the necessary records were kept in relation to persons employed in carrying out the regulated activity. In particular:** • Recruitment records were not maintained in line with the practice policy. • Employment checks had not been carried out and recorded for two members of staff.