

The North London Slimming Clinic Limited

North London Slimming Clinic

Inspection report

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Overall summary

We carried out an announced focused inspection on 10 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services responsive?

We found that this service was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 13 November 2017 and asked the provider to make improvements regarding safeguarding, governance and staffing. We checked these areas as part of this focused inspection.

North London Slimming Clinic is located in Enfield, London. The clinic is sited in a residential property. 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction.

When we last inspected, the clinic was open on Mondays (6pm – 8pm) and Saturdays (9am-11am). At the time of this inspection the clinic was not providing prescribed medicines as there was no doctor working at the service. However, some patients had accessed advice and weight measurement free of charge.

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.

We did not receive any feedback from comment cards. This was because the service is not currently running clinics in which they prescribe medicines for weight loss.

Our key findings were:

- Customer satisfaction surveys and a framework for clinical audit had been developed but not used in practice
- Staff at the clinic, including the safeguarding lead, had not undertaken safeguarding training
- Access to controlled drugs was not appropriately restricted
- Some policies lacked relevant details to adequately support the day to day running of the service
- Some employment records for staff working at the clinic were incomplete
- The clinic was clean and tidy and a legionella risk assessment had been undertaken
- Staff had signed confidentiality clauses

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure service users are protected from abuse and improper treatment in accordance with the fundamental standards of care.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and that persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

We are now taking further action against the provider in line with our enforcement policy and we will report further on this when it is completed.

There were areas where the provider could make improvements and should:

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

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

North London Slimming Clinic

Detailed findings

Background to this inspection

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.

The clinic is not currently providing prescribed medicines as there is no doctor working at the service and no locum has been employed since April 2018.

Two members of the CQC medicines team carried out this focused inspection on 10 September 2018. We gathered relevant information from the provider prior to this inspection. Whilst on inspection, we interviewed staff and

reviewed documents relevant to the provider and the services they offer. We could not inspect all aspects of the service as no patients were currently being seen for prescribed medicines.

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?

Our findings

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- At the previous inspection in November 2017 we found that staff had not undertaken any formalised safeguarding training. The safeguarding lead for the service had not undertaken any training. This was still the case when we inspected North London Slimming Clinic on 10 September 2018. When we spoke to staff about safeguarding, they were not clear about the concept, or how it specifically applied to their clinic.
- At the previous inspection in November 2017 we found that there was no legionella risk assessment in place; this had now been undertaken.
- At the previous inspection in November 2017 we found that there was a lack of policies to keep people safe. During this inspection we found that there had been limited improvement in relation to the service's policies. However, we also found that the service still did not have complete policies on the following aspects of operation:
 - Managing patient safety alerts
 - Receiving and acting on complaints
 - Incidents
 - Maintaining patient records securely
 - Ensuring that only people aged 18 or over are treated
- At the previous inspection in November 2017 we found that people's medical record cards were stored in a corridor in the house. During this inspection we saw the same storage was in use. On the day of the inspection there were non-staff visitors to the property.
- At the previous inspection in November 2017, we found that employment records were not always complete. On 10 September 2018, we found records for some staff working at the clinic did not always include an application form or CV, full employment history, proof of identity check or references.
- Disclosure and Barring Service (DBS) checks were not undertaken by the service. (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 service had instead undertaken a risk assessment in which it accepted current DBS certificates where employees held one for a job with another employer. However, these would not be considered suitable as they were not less than three months old when staff had applied to work at the clinic.

- We were told that staff had received an induction. We asked for records to demonstrate this, but there were none available.

Risks to patients

- At the previous inspection in November 2017 we found that there was no risk assessment in relation to the management of medical emergencies. At this inspection we saw that staff had now undertaken a risk assessment for managing medical emergencies at the clinic.

Safe and appropriate use of medicines

- There was currently no doctor employed by the clinic, however we found that staff at the service were able to access the medicines stored at the clinic, when they were not authorised to.
- At the last inspection, we found that people were being prescribed a medicine usually used to reduce fluid retention, which is not recommended for weight loss. This was no longer being prescribed, and had been segregated from the other medicines.

Lessons learned and improvements made

- At the previous inspection in November 2017 we found that there was no system to receive and act on safety alerts. At this inspection we saw that the service was now signed up to receive alerts on faulty medicines. However, they were not signed up to receive other alerts including updated prescribing information. The service did not have an effective mechanism in place to disseminate alerts to all members of the team including prescribers.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring care and treatment

- At the previous inspection, we found that the service was not actively involved in quality improvement activity. Whilst the service had seen a limited number of patients since the last inspection for free weight measurement and advice, we saw that they had put in place a customer satisfaction survey. We also saw that they had planned a framework for audits on prescribing. Due to the lack of prescribing undertaken, staff at the service were not able to put this in place yet.

Effective staffing

- At the previous inspection in November 2017 we found that the service did not undertake appropriate checks on staff employed. At the inspection in September 2018 we found that employment records were not always complete. For example, records for staff working at the clinic did not always include an application form or CV, full employment history, proof of identity check or references.
- We saw that a handbook had been produced for staff at the clinic, but this had not yet been circulated.

- We were told that staff had received an induction, but there was no record of this available. There was no formalised induction process for locums.

Coordinating patient care and information sharing

- Staff told us that they would ask patients for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. However, there was no policy in place to support this.

Supporting patients to live healthier lives

- Whilst the service was not currently prescribing medicines, we saw that they had offered weight measurement and advice on healthy eating and exercise to people free of charge.

Consent to care and treatment

- The nominated individual could describe how they would check a patient's age if they suspected them to be under 18 years of age. However, this process was not formalised in a policy for the rest of the clinic staff or locums.
- Staff had not undertaken training on the Mental Capacity Act 2005.

Are services caring?

Our findings

We were unable to gather evidence or patient feedback so are unable to make a judgement.

Privacy and dignity

At the last inspection, we found that staff were not required to sign a confidentiality clause with regard to confidential patient information. On 10 September, we found that staff were required to sign a confidentiality clause.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Listening and learning from concerns and complaints

- At the last inspection the clinic did not undertake a patient satisfaction survey. At this inspection we saw the service had developed a patient satisfaction survey to gather patients' views on the service. The service's information leaflet instructed patients on how they could make a complaint. However, the external agencies referenced as independent organisations for people to complain to were not appropriate.
- The service had started to develop a complaint policy but this was not yet complete.

Are services well-led?

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

Our findings

Leadership capacity and capability

At the previous inspection in November 2017, we found that the service leaders lacked the capacity and capability to run the service and ensure high quality care. On 10 September 2018 we found that whilst limited improvements had been made, the service was still lacking in governance arrangements to keep people safe. Notably, no staff had received safeguarding training, staff employment files were still incomplete and there was not a complete set of policies or procedures to support the safe and effective day to day running of the clinic.

Governance arrangements

- There were no clear responsibilities, roles and systems of accountability to support good governance and management.
- Specifically, we found that leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. We saw examples of policies that were not complete, dated, reviewed or authorised.

Appropriate and accurate information

- We found that confidential information about patients was not always stored securely. At the previous inspection in November 2017, we found people's medical record cards stored in a corridor in the property. At the inspection in September 2018 this was still the case. On this day, there were non-staff visitors to the property.

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

Services in slimming clinics

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

Staff, including the safeguarding lead had not undertaken safeguarding training.

The safeguarding policy was not dated or authorised and did not ensure that staff received safeguarding training at a suitable level for their role or that the training was updated at appropriate intervals.

Regulated activity

Services in slimming clinics

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Appropriate policies and procedures to support the safe and effective day to day running of the service were not always in place.

Patients' record cards containing confidential information were not stored securely.

Regulated activity

Services in slimming clinics

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider was not able to evidence that an induction had been undertaken with clinic staff.

The provider was not able to evidence that they had completed all the necessary checks to assure themselves of the suitability of the staff employed at the clinic.

This section is primarily information for the provider

Enforcement actions