

Weight Medics Limited

Chingford Weightmedics

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 3 October 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 providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We were unable to assess this question due to the short time the clinic had been open.

Are services responsive?

We found that this service was 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. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them

occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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.

Chingford Weightmedics is a slimming clinic located within a Dental Practice in North East London. Staff at the dental practice took responsibility for cleaning the clinic rooms and fire safety checks. The slimming clinic consists of a reception area and a first floor consulting room. It is close to local bus stops. Both Walthamstow tube and rail station and Chingford rail station are short bus rides away from the clinic. There is a public car park next door. The slimming clinic is not wheelchair accessible, however staff accommodated wheelchair users by using ground floor rooms when required.

The clinic is staffed by a receptionist and a doctor. A patient care manager can provide care to patients remotely. Staff usually based at other locations cover shifts at this clinic when required. If a shift is not filled by a regular doctor, locum doctors who are familiar with the

Summary of findings

clinic are contacted. In addition, staff work closely with other staff based at the head office in Richmond as well as the Victoria branch. This clinic is one of eight clinics run by the same provider organisation.

The Clinic 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.

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.

Our key findings were:

- The provider had systems in place to safeguard children and vulnerable adults from abuse.
- Patients at the clinic were provided with information to promote a healthy diet and exercise.
- The provider took account of patient needs and preferences and improved services in response to those needs.

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

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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.
- Review facilities for patients who may present with hearing and sight problems.
- Continue to collect patient feedback to inform the future judgement of the caring domain.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Chingford Weightmedics

Detailed findings

Background to this inspection

Chingford Weightmedics is a slimming clinic located at 35 Hall Lane, Chingford, London, E4 8HH. The clinic provides slimming advice and prescribes medicines to support weight reduction in adults (over 18s). It is a private service. It is open for booked appointments on Wednesdays afternoons, Thursday mornings, and one Saturday a month. The provider's website is: <http://www.weightmedics.co.uk/>.

We carried out this comprehensive inspection on 3 October 2018. Our inspection team was led by a member of the CQC medicines team. The team included another member of

the CQC medicines team. Prior to this inspection, we gathered and reviewed information sent to us by the provider. During this inspection, we gathered information by speaking to staff and reviewing 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?

Our findings

Safety systems and processes

The service had systems to safeguard children and vulnerable adults from abuse. The provider had a safeguarding policy and staff were able to describe how they would deal with a safeguarding concern. All staff received up to date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

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. Staff that did not have a DBS check had an appropriate risk assessment completed. (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 provider had completed a health and safety risk assessment document. This detailed all the hazards within the clinic and the steps taken to reduce the risks. Staff received safety information from the service as part of their induction and refresher training when required.

Staff who acted as chaperones were trained for the role and had received a DBS check or a risk assessment regarding their specific role.

There was an effective system to manage infection prevention and control. The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. Staff from the dental surgery cleaned the premises each day according to the cleaning schedule. We saw records of this activity. Whilst we did not see records that the blood pressure (BP) machine was cleaned regularly, staff said they did this. We also saw that staff had access to cleaning materials.

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.

We saw that an external company had conducted a Legionella test at the clinic. (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria). The test determined that no legionella bacteria had been detected in the water system.

We saw that there were safety processes in place to ensure that staff were trained in fire safety. Staff at the dental practice conducted weekly fire alarm checks and there was a building evacuation procedure in case of fire.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. Although this service was not designed or expected to deal with medical emergencies, the provider had completed a medical emergency risk assessment. As a result, staff were clear that the provider's policy was to call 999 in the event of an emergency. All doctors had basic life support training. If someone became unwell, there was always a doctor onsite during clinic opening hours. We also saw that there was a first aid kit available.

Staff had appropriate indemnity arrangements in place to cover all potential liabilities. All the doctors working for the clinic were automatically covered by the provider's indemnity insurance.

The provider had risk assessed the treatments they offered. They had identified that one of the medicines had potential for causing an allergic reaction. Therefore, the clinic stocked medicine for dealing with that emergency.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients. When patients were transferred from other locations, their full medical history was not always documented on their medical record card. All patient records, including medical history and prescribing records were handwritten. There was also an electronic stock control system, where issues of medicines were recorded within each patient's record. This included batch numbers and expiry dates). Records were stored securely with restricted access to staff members. We were told that patients were encouraged to share information with their GP. However, the medical records we inspected did not always have this completed. The doctor told us that if patients had consented for information sharing, a letter to take to their GP would be given to them. We saw that these letters were available but there was no

Are services safe?

documentation made when these letters were given. The service had a system in place to retain medical records in line with the Department of Health and Social Care guidance.

Safe and appropriate use of medicines

The storage and access to medicines had not been appropriately risk assessed. Medicines were stored securely within a locked controlled drugs cabinet. However, the cabinet was removable and the provider had not documented a risk assessment on this. The keys for the cabinet were held by the administrative support staff member when the clinic room was not in use. This meant that accessibility of the controlled drugs were not limited to the doctor.

A medicine requiring refrigeration was stored in a locked cage within a fridge which was shared with another service. This cage was removable and a risk assessment had not been documented on this.

Some of the medicines prescribed by staff at Chingford Weightmedics for weight loss were unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

There were appropriate processes in place for the ordering and receipt of medicines, with balance checks undertaken regularly. Pre-packaging of medicines carried out by staff took place under the supervision of the doctor ready for supply to patients. Appropriate audit trails were in place for this process.

We reviewed 14 medical record cards for patients and found a record of each supply of medicine was made. However, there were some gaps in documentation. The dose of medicine prescribed was not always documented on the medical record card and there were many entries where the doctor's signature was missing.

Track record on safety

The service had a good safety record. We saw that there were records kept of safety issues in the clinic. Staff had a system for monitoring and reviewing activity. This helped them 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. We saw that there was a system for recording and acting on significant events. In particular, we saw that records were kept of any reported side effects of medicines. As a result, the clinic had reduced the quantity of Liraglutide injections given out on initial visits.

Staff understood their duty to raise concerns and report incidents and near misses. We saw that where appropriate, staff reported significant events to the manufacturer's of the medicine concerned.

There were adequate systems for reviewing and investigating when things went wrong. The service had an adverse event tracker, which was received regularly. Using this information, the service learned, shared lessons, identified themes and took action to improve safety in the service. For example, a patient had received a medicine that had been labelled with the wrong expiry date. As a result, staff ensured that the doctors had the latest version of the documentation which included a section for expiry date checking.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. We saw evidence that the provider had systems in place for dealing with notifiable safety incidents.

When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and an apology.

Staff kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. However, we saw evidence that clinicians did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance.

We checked 14 patient record cards. Doctors undertook several checks on the initial visits for all patients including weight, height, body mass index (BMI, measured in kg/m²) and blood pressure. Waist circumference measurements were sometimes used.

A comprehensive medical history had been taken for all the clients. However, we saw that the medical histories for two patients who had transferred from another clinic were missing. Information on the patients eating habits and lifestyle were also discussed as part of initial and ongoing conversations.

We found that the provider did not always adhere to their own or national guidelines on the prescribing of Phentermine, Diethylpropion and Liraglutide. Three services users with no recorded comorbidities and with a BMI of less than 30 had been started on treatment. The provider's own policy stated that treatment should not be initiated for clients who have a BMI of less than 30 with no comorbidities. We also saw three records for patients who had a BMI of less than 30 who had transferred from another clinic. There was insufficient documentation to see if the treatment prescribed was continuation as the previous medical record cards were unavailable at this location. There was no documentation to review the duration of treatment for these patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity. A medical record card audit had been carried out. This showed that the documentation made on the medical record cards needed to be improved. We saw that the results of the audit had been communicated to the doctors in a team meeting.

Medical record cards showed that patients were appropriately monitored at subsequent visits, including weight and blood pressure checks where necessary. We

saw that target weights were set for patients. However, BMI was not recalculated on subsequent visits. Patients were asked about side effects experienced from their medicines and this was documented appropriately.

We were told that a follow up call for patients prescribed Liraglutide after 48 hours was carried out by a senior member of staff. Any issues were highlighted to the doctor who would provide advice. This was recorded on the electronic system.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. All staff were appropriately qualified. The provider had an induction workbook for all newly appointed staff. All the doctors were registered with the General Medical Council and were up to date with their revalidation.

The provider understood the learning needs of staff and provided protected time and training to meet them. For example, learning sessions were scheduled as part of team meetings.

We saw that staff were given training in various topics such as the Mental Capacity Act and infection control. Up to date records of skills, qualifications and training were maintained. We saw that staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Doctors asked patients questions to establish their medical history and any medicines that they were taking before providing treatment.

Staff said all patients were asked for consent to share details of their consultation and medicines prescribed with their registered GP. However, on review of the medical record cards, we saw that consent for information sharing was not recorded for each patient.

Where patients had agreed to share their information, we did not see evidence of letters sent to their registered GP in line with GMC guidance.

Supporting patients to live healthier lives

Patients at the clinic were provided with information to promote a healthy diet and exercise. Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their

Are services effective?

(for example, treatment is effective)

independence. There were various treatment packages available. With certain treatment packages, the details of the patient was sent to the nutritionist who then provided specific dietary advice.

The service obtained consent to care and treatment in line with legislation and guidance. If staff were unsure if someone was over the age of 18, they asked for proof of identification.

Consent to care and treatment

Are services caring?

Our findings

Kindness, respect and compassion

We were unable to make a judgement on this. This was due to the short length of time that the clinic had been operational and low numbers of patients. We were unable to talk to patients during the inspection and no CQC comment cards had been completed. However, there was no evidence to say that staff did not treat patients with kindness, respect and compassion. We will look at this again at the next inspection.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. If a patient did not speak English, they could book and pay for an interpretation service. In addition, patients were also told about multi-lingual staff who might be able to support them.

Privacy and Dignity

The service respected patients' privacy and dignity. Patient conversations could not be heard outside of the consultation room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 and improved services in response to those needs. For example, as a result of feedback received, the clinic extended the opening hours to include Thursday mornings.

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, a wheelchair user was due to be given an appointment in a ground floor consultation room. The weighing scales would be taken downstairs to ensure that the doctor could adequately assess the patient. However, the provider had not considered facilities for people who had hearing and sight problems.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Whilst the clinic did not operate a walk in system, patients could get an appointment allocated easily. Most new enquiries came via the website. There were two call handlers that answered the phone between 8.30am and

8pm, Monday to Friday. If a call was missed, the call handlers received an alert. There was a key performance indicator that staff aimed to achieve; all new enquirers had to be contacted within two hours. Staff at head office were also able to review data on missed calls and ask staff to make contact. Clinic time changes were planned in advance and communicated to patients when appointments were booked.

We saw that waiting times, delays and cancellations were minimal and managed appropriately.

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 and immediately made contact via a phone call.

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 and complaints and also from the analysis of trends. It acted as a result to improve the quality of care. For example, as a result of a complaint received, a different manager had taken over a patient's care.

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

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. For example, the operations manager identified that staff would benefit from a training session on Liraglutide so this was arranged. Leaders at all levels were visible and approachable.

The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, a member of staff was given the opportunity to work on a project in their area of interest (social media).

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. Staff were clear that the vision was for the numbers of patients accessing the clinic to increase. Staff understood the vision, values and strategy and their role in achieving them. The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care. Staff felt supported, valued and were proud to work for the service. The service took great care to focus on the needs of patients. Leaders and managers acted on behaviour and performance that was inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Although this was a newly registered service, staff could demonstrate how they would respond to incidents and complaints. Staff showed us how they had done so in other locations run by the same provider.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. We saw evidence that patients were contacted when things went wrong and given an apology.

Staff we spoke with told us they were able to 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.

The service actively promoted equality and diversity. This was embedded in the policy documents that staff had to read before they commenced employment.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. 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. However, we saw that some of the policies staff were working with had passed their review dates. For example, the safeguarding policy had expired in December 2017.

Clinical information was shared with all doctors at team meetings. For example, we saw that the results of the medical record card audit were discussed at a team meeting. However we found similar issues in the accuracy of record cards when we inspected.

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. We saw that risk assessments were in place with regards to the health and safety considerations made for the running of the clinic. However, some risk assessments for safe storage and access to medicines had not taken place appropriately.

The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

Are services well-led?

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

Patient records were not always accurately completed by the doctors which meant there was not an accurate record of all treatment. The service acted on appropriate and accurate information in the running of the service. Quality and operational information was used to ensure and improve performance. In addition, quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. All incidents, complaints and audit results were discussed.

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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, and staff to support high-quality sustainable services. The public's, patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.

Staff were able to describe to us the systems in place to give feedback. After each initial consultation, patient feedback was sought after via text message. Patients were invited to give a score out of five. Any scores that were less than five were followed up with a phone call from a patient care manager.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation. Staff were welcome to share ideas for innovative practice and had opportunities for continuous learning. We saw that there was a focus on continuous learning and improvement.

The service made use of internal reviews of incidents and complaints including from other locations. Learning was shared and used to make improvements.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered provider had not done all that was reasonably practicable to ensure that systems and processes were established and operated effectively to:</p> <p>(a) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>(b) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. In particular:</p> <p>Patient's medical record cards did not always contain full details of previous treatment, consent to contact GP, prescribed doses or doctor's signature.</p> <p>The prescribing guidelines for Phentermine, Diethylpropion and Liraglutide were not always adhered to.</p> <p>A risk assessment had not been documented with regards to the storage of medicines in the CD cupboard and the fridge. In addition, the risks had not been mitigated or an audit trail of the keys maintained to ensure only the doctors had access.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>