

Harmony (Your Gentle Way To Slim) Limited

Harmony Medical Diet Clinic in Wood Green

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15/12/2015 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 found that this service was providing caring services in accordance with the relevant regulations.

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.

Background

Harmony Diet Clinic provides a weight reduction service and provides medication and dietary advice to the patients accessing the service. The service operates from a consultation room at the back of a high street Pharmacy in Wood Green, North London. The clinic runs on Mondays and Tuesday between 9.30am and 4.30pm, and offers a walk in service.

The clinic is run by one doctor who is supported by the registered manager who is also a doctor. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There are two other locations of this service that are also run by the same provider in Bedford and Coventry. The registered manager provides supervision and support to all practitioners working across the locations.

Summary of findings

The patients that we spoke to on the day of the inspection said that they felt that the clinic offered an excellent service and staff were efficient, helpful and caring and treated them with dignity and respect.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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 safe care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive to people's needs?

We found that this service was providing safe 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 have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The provider had no comprehensive assurance systems and performance measures, which were reported and monitored. There was no systematic programme of clinical and internal audits to monitor quality and systems.

Harmony Medical Diet Clinic in Wood Green

Detailed findings

Background to this inspection

Before visiting, we reviewed a range of information that we hold about the clinic which included information from the provider. We carried out an announced visit on 15 December 2015. The team was the lead inspector and a pharmacist specialist.

The methods that were used, were talking to people using the service, interviewing staff, observations and review 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?

Are services safe?

Our findings

Reporting, learning and improvement from incidents

We were told there had been no incidents in the previous 12 months.

Reliable safety systems and processes (including safeguarding)

The doctor who worked at the clinic had completed level 3 adult and children's safeguarding training in September 2015 and was able to tell us the process to follow if they had any concerns.

The provider was aware of and complied with the requirements of the Duty of Candour regulation.

Staffing

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These 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).

Infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

We observed the doctor using alcohol hand gel before he made any contact with the patient. We also witnessed the doctor wearing gloves to take the blood glucose reading.

Premises and equipment

The consulting room was observed to be clean and in a good state of repair. There was no electrical equipment that required testing.

Safe and effective use of medicines

The doctor told us, and records showed us, that appetite suppressants were prescribed to patients at the clinic.

Diethylpropion Hydrochloride Tablets 25mg and Phentermine modified release capsules 15mg and 30mg have product licences and the Medicine and Healthcare products Regulatory Agency (MHRA) have granted them marketing authorisations. The approved indications are "for use as an anorectic agent for short term use as an adjunct to the treatment of patients with moderate to severe obesity who have not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided." For both products short-term efficacy only has been demonstrated with regard to weight reduction.

Diethylpropion and Phentermine are not currently recommended for the treatment and management of obesity by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians. The British National Formulary states that these medicines are centrally acting stimulants that are not recommended for the treatment of obesity.

We checked how medicines were stored, packaged and supplied to people. We saw medicines were stored securely. Medicines were kept safely in the possession of the prescribing doctor. Medicines were ordered, received and packaged by the doctor. We were told that medicines were delivered directly from the pharmaceutical company to the possession of the registered doctor. We saw receipts for medicines supplied to the clinic.

Medicines were dispensed by the doctor into appropriately labelled containers which included, name of medicine, instructions, patients name and date of dispensing. A record of the supply was made in the electronic patient records.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Prior to the consultation each person had to complete a medical history form where people had to identify if they had other illnesses or were taking any other prescribed medicines.

During the initial consultation, the following information was collected from each person ; blood glucose reading, weight, height, and answers to questions around their eating habits. The doctor also checked for contraindications to treatment such as uncontrolled diabetes, and uncontrolled high blood pressure.

We checked six people's records and saw that they had health checks on their first visit and information was recorded about relevant concerns. People's medical history, weight and blood pressure were taken at their initial visit. Their body mass index (BMI) was calculated and target weights agreed and recorded.

The assessment protocol used by the clinic stated if a patient's BMI was between 25 and 35 they would be considered for treatment with appetite suppressants if they had comorbidities. Any patient with BMI of over 35 could be considered if there were no contraindications to treatment.

We saw evidence that patients were referred to their own GP for care if there was a clinical reason to do this, for example: high blood pressure, fatty liver disease or if the client was already taking a medicine which meant that they could not have any new medicines prescribed from the clinic.

We observed a patient who had come for the initial consultation at the clinic. We saw weight, height, blood pressure and blood glucose being checked.

The doctor explained that the medicines used at the clinic are appetite suppressants, and explained how they should be used and what the side effects could be. The doctor also advised the client to avoid alcohol, tea and coffee on the days when taking the medication, as well as codeine based medicines. A leaflet regarding healthy food choices was provided to the patient.

The doctor advised the patient to 'spend the calories' if they ate fatty food and advised 'walking quickly' as a form of exercise. The doctor also advised that weight loss needed to be gradual; otherwise the skin would be more likely to sag.

The person was sold phentermine tablets and given an accompanying patient information leaflet and did not want her own GP to know that she had visited the clinic.

We spoke to two patients who had come for follow up consultations and they both said that they were given information about the medicines that they were taking and that they were both told not to take the medicines every day, but to leave a day or so in between.

We saw evidence that some patients had been attending the clinic for more than 3 years, however we did not see any evidence that the medicines from the clinic were being supplied to patients for more than 12 weeks without a treatment break.

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Staff training and experience

There was one doctor who worked at the clinic. He was supervised and supported by the doctor who owned the clinic if he needed any clinical assistance.

The doctor working in the clinic was a member of the Obesity Management Association and had completed training in personal safety including lone working, infection control, disability discrimination act, data protection, the human rights act and complaints handling and conflict resolution.

Working with other services

People were asked before treatment commenced if they would like their GP informed. If they agreed to this they were given an information letter detailing the medication and treatment given.

Records showed people were referred to their GP if they were unsuitable for treatment because of high blood pressure or high blood sugar levels.

Consent to care and treatment

Consent was obtained from each patient before treatment was commenced. The patients declaration included the information that the appetite suppressants phentermine and diethylpropion were produced under a special

Are services effective?

(for example, treatment is effective)

licence. Patients had to confirm they were given a patient guide which included information about their treatment and medicines. Patients signed this declaration and consent before appetite suppressants were prescribed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 13 completed cards and all were positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the clinic was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of patients were understood, for example there was guidance on healthy eating available to patients and advice was given on regular exercise.

We were told that there was a large Irish travelling community who were unable to read but there was no specific arrangement in place for this subset of patients to ensure that they also received adequate medicines information.

Tackling inequity and promoting equality

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level.

Access to the service

The clinic runs on Mondays and Tuesdays between 9.30am and 4.30pm. No appointments were made and it was a walk in service. The doctor who ran the clinic could be contacted outside these hours via mobile phone if any advice was required.

Concerns & complaints

The provider had a system and procedure for handling complaints and concerns. We were told there had been no complaints in the last 12 months.

Are services well-led?

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

Our findings

Governance arrangements

The clinic had a number of policies and procedures in place to govern activity and these were available to the doctor. The doctor confirmed they had been forwarded prior to starting work at the clinic .

The provider had no comprehensive assurance systems and performance measures, which were reported and monitored. There was no systematic programme of clinical and internal audits to monitor quality and systems.

Provider seeks and acts on feedback from its patients, the public and staff

The clinic encouraged and valued feedback from patients. It had gathered feedback from patients through its feedback questionnaire. The results of these were analysed each year and these showed patients were satisfied and would be happy to visit again.

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

Services in slimming clinics

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had no systems and processes, such as regular audits of the service provided, to monitor and improve the quality of the service.