

Mrs Ingrid Camilleri

Kings Private Clinic

Inspection report

Kings Private Clinic
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Ilford
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Ratings

Overall rating for this service

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This service is rated as Inadequate overall. (Previous inspection December 2017 – not rated.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Kings Private Clinic 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.

Kings Private Clinic provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. The receptionist is the registered manager. A registered manager is a person

Summary of findings

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 received 17 completed CQC comments cards from patients to tell us what they thought about the service.

Our key findings were:

- Patients using this clinic were very happy with the service being provided and gave us positive feedback about the service.
- The governance arrangements did not ensure that the clinic was providing a high quality service. This was because there was poor management and oversight of prescribing, staff training and complaints.

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.

(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.
- The provider should review the system for sharing of information with patient's own GPs when consent has been granted.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Kings Private Clinic

Detailed findings

Background to this inspection

King Private Clinic has four sites across London and Kent. We carried out an announced comprehensive inspection at the provider head office location on the 12 September 2019. This clinic is located on the first floor of 602 High Road in Ilford. It is very close to Seven Kings Rail station, local bus stops and has a local car park nearby. The clinic comprises of a reception area, an office, a waiting room and a consultation room. Access to the clinic is via a staircase to the first floor of the building. The clinic did not have step free access. A toilet facility is available in the clinic. There is a doctor, receptionists, a business manager, a head of operations, an account clerk and a cleaner employed at the service.

The clinic provides slimming advice and prescribes medicines to support weight reduction. It is a private service for adults between the ages of 18 and 65 years. It is open for walk ins on Tuesdays 10am to 2pm, Thursdays 10am to 1.30pm and 2.30pm to 6.30pm and Sundays 10am to 12.30pm.

The clinic is usually staffed by a receptionist and a doctor. If for any reason, a shift is not filled by the doctor or receptionist, staff from other locations are usually brought in to provide cover. In addition, staff work closely with colleagues based at the other clinic locations. On the day of inspection, the regular doctor was on annual leave. The

locum that was due to provide cover had also called in sick at short notice. This meant that the clinic had to close unexpectedly and could not provide the usual services. There was a notice on the door informing patients of this. Although the clinic provided a walk in service, many patients usually phone before attending. We overheard many phone calls during the inspection where patients were informed that the clinic was closed and would reopen on Sunday. We spoke to the registered manager (who was also the receptionist), the business manager and the head of operations.

How we inspected this service

Prior to the inspection, we reviewed information about the service, including the previous inspection report and information given to us by the provider. We also spoke to staff, received comment cards from people using the service 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.

Are services safe?

Our findings

We rated safe as Requires improvement because:

- The provider did not have systems to provide assurance that staff had the information they needed to deliver safe care and treatment to patients.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse, however these systems did not provide assurance that staff were trained appropriately.

- 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. As part of this, the provider had appointed the registered manager as the safeguarding lead for all their clinics.
- The service worked with other agencies to support patients and protect them from neglect and 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. (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 could not provide assurance that all staff had received up-to-date safeguarding training appropriate to their role. The registered manager (also the safeguarding lead for the provider) had been trained to level 3 and knew how to identify and report concerns. However, there were no records that the doctor had been trained in the safeguarding of vulnerable children. In addition, the provider could not provide assurance that all other relevant staff had been trained in safeguarding.
- The registered manager was chaperone trained. However, the provider could not assure that all other staff who could act as chaperones were trained for the role.

- There was an effective system to manage infection prevention and control. The provider had conducted Legionella risk assessment and testing with follow up actions documented. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, there were no systems for safely managing healthcare waste. Since this inspection, a procedure for the disposal of medicines has been implemented.
- 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.

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 agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The doctor, the registered manager and one of the receptionists were trained in basic life support and first aid.
- The provider had carried out a risk assessment. There was a procedure on how to manage emergencies. This included the medicines and emergency equipment to be kept at the clinic and how these could be accessed.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- The doctor and the provider had appropriate professional indemnity arrangements in place to cover the activities at the clinic.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- Medical records were stored safely and securely, and confidentiality was maintained.
- Individual care records were not always written and managed in a way that kept patients safe. Medical

Are services safe?

records were written contemporaneously in line with GMC guidance. However, they did not always include the reasons and rationale for changes of either the medicines or the dose prescribed.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service did not have a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading. The provider acknowledged that this was something that they needed to look into.

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 (which included controlled drugs, emergency medicines and equipment) minimised risks.
- The service did not carry out regular medicines reviews to ensure prescribing was in line with best practice guidelines for safe prescribing. Staff did not always prescribe and supply medicines to patients and give advice on medicines in line with legal requirements and current national guidance. Where staff deviated from prescribing protocols, no records were made by the prescribers to explain why. For example, the clinic policy was to give a maximum of 30 days' medicines supply. Where policy was not followed, prescribers were supposed to document the rationale. However, we saw that people were given 42 days' supply with no rationale for this recorded.
- Processes were in place for checking medicines and staff kept accurate records of medicines supplies.
- The medicines this service prescribed 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'. The provider had implemented a new patient information leaflet and a form for patients to sign. The form made it very clear that the medicines prescribed by the clinic were unlicensed.

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. As a result of an accident on the staircase, staff had used hazard tape to prevent a similar event from occurring.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- Staff kept records of written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was a formal process to manage safety alerts and share information appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Inadequate because:

- The provider did not monitor the quality of its service or treatments effectively.

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 did not assess needs and deliver care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their physical wellbeing, however there was no evidence that patients were asked about their mental wellbeing. An up to date medical history was requested from patients, but it was not clear when or if this information was recorded on the records.
- On some of the records we looked at, it was not clear if the patient had any co-morbidities.
- The clinic policy was to record the reason for prescribing medicines outside of the guidance, however we did not see that this was done.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was not actively involved in effective quality improvement activity.

- The provider was unable to provide assurance that any clinical audits had been completed.
- Whilst the registered manager had completed a review of the medical records, no documentation was made of what the findings were. Concerns had been raised about the completion of medical record cards, but insufficient action had been taken to address this.

Effective staffing

Staff did not have 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 (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. However, up to date records of skills, qualifications and training were not maintained. The provider could not provide assurance that all staff, (including clinical staff) had completed training relevant to their roles.
- Staff were encouraged and given opportunities to develop, and we saw evidence of appraisal meetings that had occurred.

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 coordinated and person-centred care.
- Staff did not communicate effectively with other services when appropriate. For example, a treatment summary was given to patients at initial consultation or if there were concerns with blood pressure to pass to their GP. However, the clinic did not send direct communication to inform GPs of any changes to treatment being prescribed by Kings Private Clinic.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. However, regarding co-morbidities, it was not always clear whether these were present or not. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP during their first appointment.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we did not see evidence of letters sent directly to the registered GP in line with GMC guidance. However, patients were provided with letters that they could give to their GPs themselves.

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.

Are services effective?

(for example, treatment is effective)

- Where appropriate, staff gave patients advice so they could self-care. Patients were given diet sheets and advice on an exercise programme. Staff were planning to partner with a dietician or nutritionist. The registered manager showed us examples of dietary and lifestyle information sheets that were given to patients.

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. The clinic had recently introduced a new form to ensure that patients understood the implications of taking unlicensed medicines. Patients were asked to sign this form to demonstrate their understanding of the unlicensed nature of the medicines prescribed at the clinic.

- 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?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sometimes sought feedback from patients using feedback forms, but this was not used consistently.
- The feedback we received from patients was positive about the way staff treated people. Patients told us through comment cards that staff were friendly, helpful, encouraging, kind and understanding.
- 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 available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in different languages to help patients be involved in decisions about their care.
- Patients told us through comment cards that they felt listened to and supported by staff. They also said that they 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.
- 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 were conducted in a private room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Requires improvement because:

- The service did not have systems to deal with complaints appropriately to improve the quality of care.

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 facilities and premises were appropriate for the services delivered. The clinic did not have step-free access but staff were able to refer people to another clinic which had step-free access.
- The patient information leaflet could also be provided in different languages on request.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, staff had magnifiers and notices in large print for people with poor eyesight. There was also a hearing aid loop 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 and treatment.

- The clinic provided a walk in service. Patients often called ahead of coming to the clinic which enabled the receptionist to access their medical records in preparation. On the day of inspection, staff explained to patients that they were not open as the doctor was unwell.
- Waiting times, delays and cancellations were minimal and managed appropriately. On the day of the inspection, there was a notice informing people that the clinic was closed due to unforeseen circumstances.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously but did not always respond 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. Whilst complaints had been made verbally to staff, no patients had wanted to make a formal complaint. Staff made brief notes about these complaints in writing on the patient's medical cards which were then filed away. However, if a formal complaint was made, the provider did not have a system to deal with it appropriately.
- 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. However, the service did not have a mechanism for learning lessons from individual concerns and complaints and did not conduct an analysis of trends.

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 leadership of the service did not effectively drive the delivery of a high-quality service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- There were new leaders in the service who were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were taking steps to address 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.
- The provider was able to demonstrate that governance meetings were held for all the registered managers and doctors that worked for the organisation. However, the provider did not demonstrate the effectiveness of these meetings or how they were delivering an improvement to 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.
- Staff were aware of and 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 were proud to work for the service and focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to issues that had been highlighted.
- 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. We saw evidence of appraisals and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff. There was a lone worker policy to cover times when staff had to work alone.

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 had recently been improved. However, prior to this, they had not been effective. Whilst an issue had been identified about medical records not being completed fully, this had not been addressed successfully. This meant that poor medical records continued to be kept, despite this being highlighted as an area of concern. Following this inspection, the provider devised audit procedures which they have implemented to improve the completion of medical records.
- The provider did not have a robust audit system to review the effectiveness of treatments being offered at the clinic.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities. However, they had not taken any action to assure themselves that they were operating as intended.

Are services well-led?

Inadequate 

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

Managing risks, issues and performance

There was limited clarity around 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.
- The provider did not have oversight of the complaints being made. As complaints were written on patient's medical record cards, staff were unable to identify multiple complaints about the same issue this and take appropriate action.
- The provider did not have an effective audit system in place. Therefore, they did not have a mechanism for ensuring good quality of care and good outcomes for patients.

Appropriate and accurate information

The service did not act on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- Quality and operational information was not used to ensure and improve performance. Performance information was not combined with the views of patients.
- 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, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients and staff.
- Staff could describe to us the systems in place to give feedback. However, staff said that they had received mixed instructions on how and when feedback should be obtained. There was a feedback form available, but it was not always given to patients to complete. This was because previous practice managers had given conflicting instructions on how to obtain and manage patient feedback.
- The service was transparent, and collaborated with other slimming clinics from the same provider to ensure a consistent service was provided.

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.
- The service made use of internal reviews of incidents. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. For example, the provider was looking at offering a new weight loss injection at this clinic. However, they were reviewing its use at another location to see what could be learned.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have oversight of staff training.</p> <p>The provider did not have systems to manage complaints.</p> <p>Medicines were not always prescribed in accordance with prescribing protocols and information was not available as to the decisions made.</p> <p>This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have an effective system in place to monitor the quality of the service provided.</p> <p>This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>