

# Albany Medical Centre

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

This service is rated as Good overall. (Previous inspection June - 2019 – not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Albany Medical Centre 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. Albany Medical Centre provides weight loss services, including prescribing medicines and dietary advice to support weight reduction.

The clinic manager was 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 received six completed CQC comments cards from patients to tell us what they thought about the service.

Our key findings were:

- People were positive about the amount of support they received from staff at the service.

- Whilst only open for less than two years, the service had undertaken a number of quality improvement activities.

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 consider arrangement for the management of the retention of medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

- The provider should review arrangements for people who do not have English as a first language.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC Pharmacist Specialist. The team included another member of the CQC medicines team.

## Background to Albany Medical Centre

Albany Medical Centre is one of four slimming clinics owned by the same provider. The clinic is located on the first floor of 64 Borough High Street. It is very close to London Bridge rail and underground station as well as local bus stops. The clinic consists of a reception room, a separate waiting area, and a consulting room. Parking in the local area is very limited and the clinic does not have step free access.

The clinic provides slimming advice and prescribed medicines to support weight reduction. It is a private service. It is open for walk ins or booked appointments on Wednesdays and Thursdays from 4pm – 7pm.

The clinic is staffed by a receptionist, a regular doctor and a clinic manager. If for any reason, a shift is not filled, staff from another location are able to provide cover.

The Registered Manager was often on site during the clinic opening hours. If not, he was contactable on his mobile phone at all times.

### 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 the staff and 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?

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The clinic manager was the safeguarding lead for this clinic. 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. Whilst the service did not treat children, staff were aware of potential safeguarding concerns that could arise.
- 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 in line with clinic policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- During the last inspection, we saw that a chaperone service was not offered, and staff had not been trained in this area. We were also told that training would be provided. During this inspection, we saw that staff were not offering a chaperone service, and staff had not been trained in this area. Staff told us that people were welcome to bring someone into their consultation with them if they wished to do so.
- There was an effective system to manage infection prevention and control. A legionella risk assessment had been conducted. (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. There were systems for safely managing healthcare waste.

- 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The doctor and clinic manager were trained in basic life support.
- There was a first aid kit kept on site. There were no other items for emergency use, and this was a risk assessed decision. There was a policy for staff to follow on what to do in an emergency.
- 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 had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians refused treatment in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

# Are services safe?

- The systems and arrangements for managing medicines, including controlled drugs minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with the provider's policy.
- The service did prescribe controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence) and had appropriate storage and records.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.
- The medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

## Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. There was a health and safety policy which identified the lead for various risks.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that could lead to any required 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 staff in this service said that they would be able to take action when required, however there had not been any incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour. There was a Duty of Candour policy. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety alerts.

# Are services effective?

## 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 assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service reviewed the quality of the service provided through clinical reviews with a view to repeating them in future to complete the full audit cycle. This work had shown that there had been a good quality of care and outcomes for patients.
- There was clear evidence of action to improve on in the future. For example, staff carried out a review of treatment to see how the outcomes compared to the national audit on weight loss by the Obesity Management Association.

## Effective staffing

Staff had 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. (For example, the patient's GP where the patient had consented).
- 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. 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 on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

## Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. The registered manager showed us examples of information booklets that were supplied to patients to provide appropriate lifestyle advice
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.
- The service monitored the process for seeking consent appropriately and ensured that people knew that the medicines prescribed were unlicensed.

# Are services caring?

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

•Interpretation services were not available for patients who did not have English as a first language. Patients usually brought a friend with them to interpret if English was not their first language.

•Patients told us through comment cards, that they felt supported by staff and listened to and advised appropriately about diet.

## 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.

# Are services responsive to people's needs?

## Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs, where commercially viable.
- The facilities and premises were appropriate for the services delivered. If someone was unable to access the clinic due to the stairs, staff directed them to the Sidcup location. The Sidcup clinic location had step-free access.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, we saw staff helping patients in a caring manner.

## 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, through booked appointments or walk ins.

- Waiting times, delays and cancellations were minimal and managed appropriately. The clinic opening hours were advertised via the clinic website.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff were able to explain how they would treat patients who had made complaints with compassion. However, no complaints had been made to the clinic since it had opened.
- The service could inform 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.



# Are services well-led?

## 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.
- 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.

## 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 vision was about growing the business and getting more patients to use the service.
- 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 felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when staff discussed how they would respond to incidents and complaints. 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. This included appraisal and career development conversations. All staff received regular

annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.

- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. These included quality improvement reviews conducted by the receptionist and the doctor.
- 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.

## 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through review of their medical records and prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical review had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to review and improve the quality of the service provided. For example, there was a review of the effectiveness of the process for pre-screening patients, and a weight loss review. There was a plan to repeat these reviews in the future to ensure the completion of a full audit cycle.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

## Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 public, patients, staff and external partners and acted on them to shape services and culture. For example, a patient had suggested that the service looked into lighting for the alleyway leading to the clinic. As a result, the clinic manager had purchased flood lights to ensure that the area outside was well lit.

- Staff could describe to us the systems in place to give feedback. For example, staff were able to voice any concerns during their regular meetings and during appraisals. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

### **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 and external reviews of incidents and complaints from other locations. However there had not been any at this clinic. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the clinic manager had implemented a suggestion for an improvement in the management of the appointments system. An online booking form had been developed to allow staff to book appointments for patients electronically.