

# Victoria - Vauxhall Bridge Road

## 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 October 2017– 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 Victoria - Vauxhall Bridge Road 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.

Victoria - Vauxhall Bridge Road provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. The operations manager who is also a registered nurse is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We received 12 completed CQC comments cards from patients to tell us what they thought about the service.

Our key findings were:

- The provider had implemented a number of recommendations from a recent inspection at another location to improve the service.
- The provider had robust systems for obtaining feedback and handling complaints.
- The provider had a strong vision for the future of the service and this was shared with all staff.

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.
- Should consider recording clinical decisions on the patient record when deviating from the prescribing policy.
- The risk assessments should include information relating to the satellite clinics.

**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 member of the CQC medicines optimisation team. The team included another member of the CQC medicines optimisation team.

## Background to Victoria - Vauxhall Bridge Road

Victoria - Vauxhall Bridge Road is a slimming clinic located in Victoria, London. It is part of the Weightmedics chain of clinics. There are a total of three registered locations. This is one of two locations with satellite clinics. All registered locations have been previously inspected, but not all have been rated. The previous inspection report for this location was reviewed in preparation for this inspection.

The clinic consists of a reception area, a ground floor consulting room and a basement level consulting room. It is close to Victoria rail and tube station, and local bus stops. Parking in the local area is very limited. The clinic is wheelchair accessible.

The service is open for walk ins or booked appointments every day except Sundays for a minimum of four hours. Clients can be seen in the evenings on Tuesdays and Thursdays. The clinic is staffed by a receptionist, a patient care manager and a doctor. The clinic recently employed their own in-house functional nutritionist who could see clients from here, and from the other Weightmedics locations. There are also staff based at other locations that can cover shifts at this clinic. If for any reason a shift

is not filled by one of the regular doctors, there are a number of locum doctors who are familiar with the clinic that can be contacted. In addition, staff work closely with other staff based at the other locations.

### How we inspected this service

In addition to this site, there are four satellite clinics operated by this location. All patient care documents relating to the satellites are stored at Victoria – Vauxhall Bridge Road. Therefore, we did not visit them as part of this inspection.

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. We saw that there were appropriate safety policies which were regularly reviewed and communicated to staff (including locums). The policies made it clear to staff who they should 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.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. The training of reception staff had been recently updated to include safeguarding. This was in response to repeated requests to leave children in pushchairs in the reception area.
- There was an effective system to manage infection prevention and control. A legionella risk assessment had also 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.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. This information was included in the clinic policies. There was always a doctor present when the main clinic was open.
- There was a first aid kit and adrenaline kept on site. There were no other items for emergency use and there was an appropriate risk assessment to inform this decision. However, the risk assessment paperwork did not include information relating to the satellite clinics.
- Provider had appropriate public liability and professional indemnity arrangements in place to cover the activities at the clinic.
- The provider had systems to minimise the risk of fire. Staff were trained in fire safety.

## 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.
- Records of consultations were fully documented and included information on treatment options discussed with patients.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had recently implemented a formal system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- We saw that in most cases, clinicians refused treatment in line with protocols and up to date evidence-based

# Are services safe?

guidance. However, we saw one instance where treatment was prescribed to someone with a lower BMI than dictated in the prescribing policy. The rationale for this could be described to us by the prescriber but was not recorded on the patient record.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, minimised risks. Staff had an effective system to ensure that medicines requiring refrigerated storage were maintained within their recommended temperature range.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and the providers guidelines. Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patient group directions were used by nurses to supply licensed medicines to clients attending the satellite clinics.
- There were effective protocols for verifying the identity of patients.
- Some of 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'.
- The service prescribed Schedule 3 controlled drugs (medicines that have additional controls due to their risk of misuse and dependence) and had appropriate storage arrangements and records.

## 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. For example, safety recommendations at a recent inspection of another location had all been implemented at this clinic.

## 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. For example, when a prescribing error had occurred, this was investigated. Clinical and non-clinical staff were advised of the importance of double-checking what had been prescribed and what had been dispensed. Staff also contacted the client concerned and provided them with reassurance.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- We saw evidence that the provider had learnt from issues picked up at a recent inspection of a different location.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal or written apology.
- The service kept written records of verbal interactions as well as any written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

# 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)**

- The service had a policy on the prescribing of medicines for obesity. However, out of 11 records, we saw one occasion where treatment deviated from this policy.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and physical health. We saw specific exploration of mental health issues in clients notes.
- A target weight was discussed and recorded in six of the 11 patient records that we looked at.
- 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 used information about care and treatment to make improvements. For example, the registered manager conducted a review of weight loss in a sample of clients. There was a plan to refer clients who had not lost weight to the clinic's functional nutritionist for review.
- The medical director conducted an annual review of prescribing with each doctor and provided feedback to them.
- Administrative staff conducted a review of the patient medical record cards to see if they had been completed correctly.

## 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.

•The clinic was staffed by a doctor, a receptionist and a patient care manager who went through treatment options with clients. Some satellite clinics were run by a nurse.

•Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) 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. Patient care managers ensured that care was co-ordinated effectively within the service. Staff referred to, and communicated effectively with, other services when appropriate. For example, a doctor had requested further information about a patient's newly diagnosed condition before deciding whether it was appropriate to prescribe.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. This decision was revisited periodically.
- The provider had risk assessed the treatments they offered. Patients were encouraged to give consent to share information with their GP. Where patients agreed to share information, we saw examples of letters sent to the registered GP in line with GMC guidance.
- Staff told us that patient information was shared appropriately. This included when patients were referred to other professional services.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on a treatment plan. For example, those prescribed an injection for weight loss were contacted on day three, and again on day seven.

# Are services effective?

## 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. We saw that the clinic had a variety of weight loss products and leaflets specific to patient needs and cultural requirements.
- Risk factors were identified and highlighted to patients.
- Staff could refer people to the functional nutritionist for specific dietary advice.

## 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 consent form was comprehensive and included information on:

- oThe unlicensed nature of treatment.
- oSide effects.
- oCommitting to a three-month programme.
- oOptions if appetite suppressants were not suitable.
- oPregnancy and breast-feeding.

- Staff supported patients to make decisions. A patient care manager went through treatment options and costs during the first clinic appointment. Where appropriate, staff assessed and recorded a patient's mental capacity to make a decision.

- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients on a regular basis.
- 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.

- A patient care manager empowered patients to make decisions on which services they would like from the clinic.

•Patients were told about multi-lingual staff who might be able to support them. In addition, if a patient did not speak English as a first language, they were advised to bring a friend to translate for them. However, there was not a formal system for accessing translation services.

•Patients told us through comment cards, that staff were thorough and attentive. They also felt that they received plenty of nutritional advice accompanied with written information.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All consultations took place in a dedicated room with a door that could be closed. However, during this inspection we discovered that we could sometimes overhear discussions in the adjacent room. We brought this to the attention of the provider. They said that they would expedite a planned change to a different room to minimise this issue.



# 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. For example, the clinic had recently directly employed a functional nutritionist who would be part of the team.
- The facilities and premises were appropriate for the services delivered. If a patient was unable to access the basement for a consultation with the doctor, there was a consultation room on the ground floor that could be used instead.
- Reasonable adjustments had been made to support equal access to the service. For example, 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 was able to provide a walk-in service as well as pre-booked appointments.

- 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.
- 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. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient had complained of side effects from medicines they felt should not have been prescribed given their medical history. This complaint was upheld by the clinic, a refund provided, and the outcome shared with the prescribers.

# 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, including planning for the future leadership of 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 strong vision for the future of the clinic. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. The clinic worked with other members of the obesity management association.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that the vision for the clinic was discussed regularly with staff.
- 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 and we saw evidence that their views were taken into consideration.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence that this had been recorded.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For

example, a patient complained as they were refused treatment due to their high blood pressure. We saw evidence that the complaint was handled appropriately. 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.
- There was a strong emphasis on the safety and well-being of all staff.

## 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 were clearly set out, understood and effective. The medical director chaired a biannual meeting which was attended by all the doctors that worked at the clinic. Managerial staff were also in attendance.
- 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. Issues identified at a recent inspection at another location had been rectified at this clinic.

## Are services well-led?

- The medical director reviewed a sample of medical records each quarter. In addition to this, the medical director met with each doctor to conduct an annual appraisal. Prescribing decisions were reviewed during these meetings.
- Leaders had oversight of safety alerts, incidents, and complaints. These were discussed in staff meetings to ensure that learning was shared.
- At a recent inspection, it was identified that the weight loss audit was not adequately following up patients with no weight loss. As a result, the provider had referred all patients who had not lost weight to the functional nutritionist.

### Appropriate and accurate information

#### The service acted on appropriate and accurate information.

- 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.
- 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, and staff and acted on them to shape services and culture. For example, receptionists had been trained in chaperoning and safeguarding to enable parents to leave their pushchairs on the ground floor.
- Staff could describe to us the systems in place to give feedback. For example, patient feedback was regularly sought via text message. We saw evidence that this feedback was reviewed and acted on where applicable.
- 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 as this was documented.

### 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. For example, an email was sent to staff as a result of findings at a recent inspection of another of the provider's locations.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. The clinic was planning to work with external auditors to participate in a study on effectiveness of medicines used in weight loss.