Harmony Medical Diet Clinic in Bedford

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 well-led?	**Good**

Overall summary

This service is rated as Good overall. (Previous inspection March 2020 – Requires improvement)

We carried out an announced focused inspection at Harmony Medical Diet Clinic in Bedford to follow up on breaches of regulations.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We did not inspect caring and responsive services because our monitoring did not indicate a change since the last inspection. The ratings from the last inspection have been carried forward.

Are services caring? – Good

Are services responsive? – Good

CQC inspected the service on 5 March 2020 and asked the provider to make improvements regarding good governance. We checked these areas as part of this focused inspection and found they had been resolved.

Harmony Medical Diet Clinic provides weight loss services for adults, including the provision of medicines for the purposes of weight loss under the supervision of a doctor.

The doctor 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.

Our key findings were:

- Clear protocols were in place to support safe prescribing
- The doctors provided information and advice to support weight loss
- There had been improvements in monitoring risks and using information to make changes to the service
- Arrangements were in place to support social distancing and staff followed infection prevention procedures

The areas where the provider **should** make improvements are:

- Improve arrangements for access to medical records in the event that they cease trading
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a member of the CQC medicines team.

Background to Harmony Medical Diet Clinic in Bedford

Harmony Medical Diet Clinic in Bedford is a private weight loss service provided by Harmony (Your Gentle Way To Slim) Limited. It is located in first floor premises in Bedford town centre. The service is provided on a walk-in basis. Patients are seen by a doctor and there is a charge for any medicines supplied. The service is available to adults aged 18 and over, and is open on Thursdays from 9.30am to 4.30pm. The provider also runs clinics in Coventry, Wood Green and Westminster which are registered with CQC. They have been inspected as part of our programme.

How we inspected this service

During the inspection we spoke to staff including the manager, 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?

We rated safe as Good.

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 including locums. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service was aware of how to contact 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.
- The service did not routinely offer a chaperone service. They would employ a trained chaperone via an agency if required but had not needed to do so.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, including legionella 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.

- The service operates a walk-in service staffed by one doctor at each session. The two doctors working at the service could cover for each other.
- The service had a COVID-19 standard operating procedure aimed at reducing infection risk for staff and patients. It covered use of PPE, social distancing, checking for COVID symptoms and cleaning between patients. The waiting area was not in use and patients were asked to wait outside until the doctor was free.
- There was an effective induction system for agency staff tailored to their role.
- The provider had assessed that the risk of a medical emergency was low and they did not hold a stock of emergency medicines. The doctors were trained in basic life support and the policy for dealing with an emergency included contacting the emergency services and keeping the patient safe within the competence of the doctor.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

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 provider had recently updated their procedures to ensure that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- 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 securely but had not developed a plan for continued access in the event that they cease trading.
- Although the service did not make direct referrals, patients were encouraged to see their GP if for example they were found to have high blood pressure.

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.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed Schedule 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They had appropriate storage arrangements and records.
- Staff prescribed and 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.
- Patients were asked to provide identification if they weren't obviously aged 18 or over.
- 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'.

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.

- At the last inspection we found there was no clear system for handling significant events. This time a system for recording and acting significant events had been introduced. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There had been no events at this location since the last inspection.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons across all their locations and took action to improve safety in the service. For example following an incident at another location, face visors were made available for patients unable to wear a mask.

Are services safe?

- 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
- When there were unexpected or unintended safety incidents:
  - The service gave affected people reasonable support, truthful information and a verbal apology. There were no examples of written apologies.
  - They kept written records of verbal interactions but there were no examples of written correspondence.
- The service had a mechanism in place to receive patient and medicine safety alerts.

Are services effective?

We rated effective as Good

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 assessed needs and delivered care in line with relevant standards and prescribed weight loss medicines as part of a weight loss programme to patients who met defined criteria.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Some patients were reluctant to be weighed at every visit but the doctor ensured that their weight was recorded on a regular basis, and waist circumference was also recorded when appropriate. For some patients an initial weight loss target was agreed rather than a final target.
- We saw no evidence of discrimination when making care and treatment decisions.
- A clear protocol was in place to deal with repeat patients. For example when patients were unable to visit regularly during COVID-19 restrictions, medicines were only supplied when the doctor had sufficient up to date information to ensure it was safe to prescribe.

Monitoring care and treatment

The service was actively involved in quality improvement activity

- At the last inspection we found that the provider did not always take action to improve quality. At this inspection processes were in place to audit record keeping, monitoring and safe prescribing and the service used information about care and treatment to make improvements. For example an audit of clinical records across two of the provider's locations in December 2020 showed that 15 out of 20 patients refused to supply their GP contact details. The service displayed posters reminding patients of the benefits of up to date healthcare records and explained to patients that it would be helpful to have the details in case of emergency. They intend to review the effectiveness of this approach after six months. The audit programme included a review of weight loss and there were plans to add further details to improve understanding of the effectiveness of treatment.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider recruited staff through an agency and ensured they had completed the relevant training.
- The doctors were registered with the General Medical Council 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.

Are services effective?

- Patients received coordinated and person-centred care. Staff did not make direct referrals but advised patients to contact their GP when needed for example when found to have high blood pressure.
- 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. The patient completed a paper form which was scanned and filed. Although the original form was not readily accessible after filing, relevant information was transcribed on to the clinical record during the first consultation.
- At the last inspection we found that consent to share information with the patient's registered GP was not always recorded and reviewed at each consultation. This time we found that doctors were aware of General Medical Council guidance on information sharing. 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 but few patients had provided GP contact details. The service had identified this through their audit programme and encouraged patients to provide GP details although none had consented to information sharing.
- At the last inspection we found the service did not always record consent to treatment, for example they did not document the provision of information about unlicensed medicines. At this inspection we saw that the service monitored the process for seeking consent appropriately.

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. New patients were given a leaflet and diet sheet and encouraged to exercise. Pictures of meal suggestions were available in the clinic.
- Patients were informed about the risks and possible side effects of the medicines and given information on the best time to take them.
- 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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services well-led?

We rated well-led as Good

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.
- The manager was visible and approachable. They worked closely with staff 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 clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- 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.
- Staff met the requirements of professional revalidation.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff.

Governance arrangements

There were 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.
- Staff were clear on their roles and accountabilities
- At the last inspection we saw that policies did not include sufficient detail to ensure consistency. At this inspection leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was shared with staff.

Are services well-led?

- At the last inspection we found the provider did not always have plans to address identified weaknesses. This time we saw that the information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses for example the action plan to increase the collection of GP contact details.
- The service submitted data or notifications to external organisations as required.
- 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.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- At the last inspection, we found there was no effective process to monitor and address risk. This time we saw effective processes had been introduced 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. Regular audits had been introduced to monitor the performance of clinical staff. Leaders had oversight of safety alerts, incidents, and complaints.
- At the last inspection we found that the audit process did not always identify problems, for example record keeping. This time clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality, for example prescribing was in line with current guidance.

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 quarterly staff meetings.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture. For example they had updated the patient leaflet following discussions at a staff meeting.
- An additional doctor had been employed and the doctors told us how they had worked together to make improvements following the last inspection.
- Systems were in place to give feedback. The provider had added a feedback form to their website and a feedback form was available at the clinic. There had been no recent feedback at this location but feedback collected at other locations was shared.
- The service was transparent, collaborative and open.

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.

Are services well-led?

- At the last inspection there was no effective process to record and review incdents and complaints. At this inspection minutes showed that learning from incidents and complaints at all locations was discussed by all staff at quarterly review meetings.