

Kings Private Clinic

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires improvement overall.
(Previous inspection September 2019 – Inadequate).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

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 inspection was carried out to follow up on breaches of regulations identified at the last inspection. CQC previously inspected the service on 12 September 2019 and asked the provider to make improvements regarding breaches to regulation 12 and regulation 17. Under regulation 12, we found that the provider did not have oversight of staff training, a system to manage complaints. We also found that medicines were not always prescribed in accordance with prescribing protocols and information was unavailable as to the prescribing decisions made. Under regulation 17, the provider did not have an effective system in place to monitor the quality of the service provided. We checked these areas as part of this comprehensive inspection and found that some had been resolved, however further improvements were required.

Kings Private Clinic provides weight loss services, including prescribing medicines and dietary advice to support weight reduction.

The clinic manager 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.

During the inspection we spoke to three patients. We were unable to obtain feedback via comment cards because of the short notice of the inspection. Patients were happy with the service and liked the fact that the weight loss advice they now received was more holistic.

Our key findings were:

- The prescribing was found to be in line with the prescribing protocol for the service.
- The provider had implemented a complaints policy and a system for managing them.
- The provider did not have a system in place for reviewing the effectiveness of treatments provided at the clinic.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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.
- Consider systems for the management of medicines stock
- Review the system for the management and actioning of patient safety alerts.
- Consider arrangements in place to support people who do not have English as a first language.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Kings Private Clinic

King Private Clinic has a total of four sites across London and Kent. We carried out an announced comprehensive reinspection at the provider head office location on the 27 February 2020. 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 lacks step free access. A toilet is available in the clinic. There is a doctor, a clinic manager, a receptionist, and an account clerk employed at the service.

The clinic provides slimming advice and prescribes medicines to support weight reduction. It is a private service for adults. 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 brought in to provide cover. In addition, staff work closely with

colleagues based at the other clinic locations. On the day of inspection, the doctor, the registered manager, the receptionist and the owner were present. We spoke to all staff that were present.

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, 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. 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 had ensured that all staff had received up-to-date safeguarding training appropriate to their role. The registered manager was the safeguarding lead for the provider.
- The registered manager and the other receptionist were both chaperone trained.
- 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. The provider had systems in place for the safe disposal of 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 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 was trained in advanced life support. The registered manager and receptionist 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 and public liability 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.

- Medical records were stored safely and securely, and confidentiality was maintained.
- 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.

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) did not minimise risks.

Are services safe?

- Processes were in place for checking medicines and staff kept accurate records of medicines supplies. However, the registered manager checked medicines stock when the doctor was not present in the clinic. This meant that medicines were being handled in the absence of an authorised person.
- At the last inspection, we saw that 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, at the last inspection, the clinic policy was to give a maximum of 30 days' medicines supply and 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. At this inspection, we saw that all the prescribing was in line with the clinic policy, which had been updated to limit the quantities being dispensed to patients to 28 days' supply.
- 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. The policy stated that where a different approach was taken from national guidance, a clear rationale for this should be recorded. At the last inspection, we saw that records were not made of treatment rationale where prescribing deviated from the policy. At this inspection, we did not see any evidence of prescribing that deviated from the clinic prescribing policy.
- 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.

- Whilst there had not been any incidents since the last inspection, 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There was a process to manage patient safety alerts and share information appropriately. However, there was no record kept to provide assurance that all alerts have been duly considered.

Are services effective?

We rated effective as Requires improvement because:

The service was not actively involved in quality improvement activity.

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. A weight loss plan was developed for each patient that focused on nutrition; medicines were seen as an addition to that.
- An up to date medical history was requested from patients.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- At the last inspection, we saw that staff had raised concerns about the completion of medical record cards but had not taken sufficient action to address this. At this inspection, staff were now completing a monthly review of the medical record cards and highlighted areas for improvement. At the last inspection, the provider was unable to show any evidence of clinical audits. At this inspection, we found that this was still the case. The provider was not involved in any activity that reviewed the quality or effectiveness of treatments being provided at the clinic.

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 and were up to date with revalidation.

- The provider understood the learning needs of staff and provided protected time and training to meet them.

- At the last inspection, we found that up to date records of skills, qualifications and training were not maintained. At this inspection, we saw that the provider had developed and was maintaining up to date training records for staff.

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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP during their first appointment.
- Staff referred to and communicated effectively with other services when appropriate. For example, if a patient had consented to their GP being contacted, staff at the clinic would write to them via recorded delivery.
- 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 provider had risk assessed the treatments they offered. Where patients agreed, there was a system to share information with the patients' GPs, however we saw that most patients did not consent to this.

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 patients advice so they could self-care. Patients were given diet sheets and advice on an exercise programme that fitted into their lifestyle.
- Social media posts were used to provide dietary advice.
- Patients were also given patient information leaflets about the medicines provided by the clinic.

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.

Are services effective?

- 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. People were asked to provide consent to treatment again after 12 months or if they had had a long treatment break.
- Staff checked if consent had been obtained as part of the review of medical records.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients using feedback forms. Staff completed the date and the name of the doctor, whilst the patients completed the rest of the feedback form. However, we did not see evidence that the feedback obtained was used to improve the service.
- The feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

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. However, patients were welcome to bring a friend or relative who could translate to the clinic with them. In addition, a patient information leaflets were available in various languages.

•During this inspection, patients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, patients also felt that they had to wait longer to see the doctor because the consultations took longer. Once in their consultations, they did not mind having to wait.

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 facilities and premises were appropriate for the services delivered.
- 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 page 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.

- Waiting times, delays and cancellations were managed appropriately. Patients told us that waiting times had increased as the doctor spent more time on the consultations. However, once they were in the consultation room they did not mind.

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 on a poster in the clinic.
- 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 there had not been any recent complaints.

Are services well-led?

We rated well-led as Requires improvement because:

There were not clear and effective processes for managing risks, issues and performance. In addition to this, the service did not act on appropriate and accurate information.

Leadership capacity and capability

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

- The previous leaders had left the service, and the registered manager was in the process of working through the improvements needed in the clinic. The registered manager understood the challenges and was 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 was able to demonstrate that governance meetings were held for all the registered managers and doctors that worked for the organisation. The minutes of the meeting provided evidence of effectiveness and demonstrated steps taken to improve 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.

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.
- 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.
- Uncertainty regarding the future of the business had caused anxiety, however there were positive relationships between staff.

Governance arrangements

There were not 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. The clinic policies had been reviewed and updated accordingly.
- 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; however, they had asked for clarity regarding the role of the registered managers.
- Leaders had established proper policies, procedures and activities.
- At the last inspection, 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. Since the last inspection, the provider had looked at the cost of storing medical records off site, but there was still no system in place for this.

Managing risks, issues and performance

There were not clear and effective processes for managing risks, issues and performance.

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Information was shared among staff at different clinics.

- At the last inspection, the provider did not have oversight of the complaints being made. At this inspection, the system for managing complaints had improved (although no recent complaints had been made). The provider had not identified an independent body that complaints could be escalated to.

- The provider did not have an audit system to review effectiveness of treatments. Therefore, there was no mechanism for ensuring good outcomes for patients. However, staff reviewed medical records to ensure that they were completed fully.

- The doctor took steps to minimise risks to people by limiting the amount of medicines dispensed to 28 days' supply.

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. Whilst patient feedback forms were completed, the provider did not use the information obtained to improve the service.

- 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 patients and staff.

- Staff could describe to us the systems in place to give feedback. For example, we saw opportunities for staff feedback documented in meeting minutes.

- 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 had a system to make use of internal reviews of incidents. There was also a system for learning to be shared and used to make improvements.

- There were systems to support improvement and innovation work. For example, as a result of the last inspection, lots of changes were made in the clinic to support improvement.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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>The areas where the provider must make improvements are:</p> <ul style="list-style-type: none">•The provider must have a system in place to complete a full audit cycle to demonstrate the effectiveness of the service being provided.•Review the complaints policy so that patients have an independent body that complaints can be escalated to if necessary.•Review arrangements to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>