

North London Slimming Clinic

Inspection report

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Enfield
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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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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Overall summary

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

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 North London Slimming Clinic as part of our inspection programme to follow up on breaches of regulations.

CQC inspected the service on 24 October 2020 and rated it as requires improvement. The service remained in special measures. We asked the provider to make improvements regarding employment processes and good governance. We checked these areas as part of this comprehensive inspection and found they had been resolved.

North London Slimming Clinic is located in Enfield, London. It provides weight loss services including the prescribing of medicines for the purposes of 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.

Our key findings were:

- The doctor provided person-centred consultations and a range of advice and guidance to support weight loss.
- There had been an improvement in governance arrangements. Systems were in place to monitor the quality and safety of services and risks to patients and staff.
- Recruitment procedures had been followed for all staff.
- The premises were arranged to support social distancing, and infection prevention measures were followed.

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

- Improve the process for ensuring that the electronic patient records are kept up to date in line with paper records
- Improve arrangements for maintaining records in the event that they cease trading
- Develop arrangements for obtaining patient feedback
- Improve confidentiality of consultations when the waiting area is quiet
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available

Overall summary

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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 team and included another member of the medicines team.

Background to North London Slimming Clinic

North London Slimming Clinic is an independent slimming clinic located in a residential property in Enfield, London. There is a ground floor reception, waiting room and consulting room. It is accessible by public transport, and there is parking available on the street close to the clinic.

The weight loss services, including the prescribing of medicines for the purposes of weight loss, are provided under the supervision of a doctor. The service is available to adults aged 18 and over. The clinic is open on Saturdays from 9am to 1pm.

How we inspected this service

During the inspection we spoke to managers, clinical and reception staff, 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. 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.
- At the last inspection we found the provider had employed a member of staff without making checks in line with their recruitment policy. During this inspection, we checked the records for a recently recruited member of staff and found that checks had been carried out. Disclosure and Barring Service (DBS) checks were undertaken in line with the provider's 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. Information on safeguarding processes were readily available and staff could describe what to do if they had concerns. The service did not provide chaperones.
- There was an effective system to manage infection prevention and control. Records were maintained to show that cleaning was carried out and checked before each clinic session. Additional measures had been put in place during the COVID-19 pandemic including hand-gel at the entrance, a one-way system and restricting the number of people in the clinic.
- The provider ensured that facilities and equipment were safe.
- The provider carried out appropriate environmental risk assessments, and had put a system in place to ensure that checks such as portable appliance tests were carried out regularly.

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. For example not all staff were available on the day of the inspection but staff were able to cover for each other.
- There was an effective induction system for agency staff although none had been used.
- Staff understood their responsibilities to manage emergencies and were aware that the clinic policy was to call the emergency services if needed. The doctor was trained in basic life support.
- When there were changes to services or staff the service assessed and monitored the impact on safety. Plans were in place for secure access to the stock of medicines in the event that a locum doctor was needed.
- There were appropriate professional indemnity arrangements in place.
- The service had carried out a risk assessment and determined that it was not necessary to keep the emergency medicines recommended in national guidance. This is a service where the risk of medical emergency is low.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- 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 recently transferred from paper to electronic records. Some records were still being updated on the electronic system.
- 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, clinicians gave appropriate advice to patients about other services, including NHS services which they may be eligible for.

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 and equipment minimised risks.
- At the last inspection we found that the service did not make regular checks that medicines were prescribed in line with best practice guidelines. At this inspection we saw regular medicines audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The services prescribed and supplied Schedule 3 Controlled Drugs (medicines that have the highest level of control due to their risk of misuse and dependence). The service maintained a full audit trail of prescribing and 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.
- Some of the medicines this service prescribed 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.
- At the last inspection we found that safety documentation was not reviewed regularly. At this inspection we found that managers had introduced an assessment process to review premises and clinical risks. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements including regular audits.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- We saw examples of significant events which had been recorded and acted on, for example, the fridge had been inadvertently unplugged. As it was not in use there was no impact on medicines safety, but staff were aware of the risk. 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 service was registered to receive patient safety alerts and had a mechanism in place to disseminate alerts to members of the team.

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.

- The provider assessed needs in line with relevant standards and only prescribed medicines as part of a weight loss programme.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example patients who were concerned about their body image but who did not meet the criteria for prescribing were given advice about healthy living rather than prescribed weight loss medicines.
- Clinicians had enough information to make or confirm a diagnosis. Patients were weighed and measured at each consultation.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were encouraged to attend regularly and were re-assessed if attending after a break in treatment. In line with Controlled Drugs guidance, clinicians only prescribed up to 28 days at a time other than in exceptional circumstances. For example one patient was given two months supply because of difficulties in attending the clinic, and the doctor had booked a follow up telephone consultation after 28 days.
- New patients were given a tape measure and recording sheet to record their body measurements on a weekly basis to monitor progress. In addition, weight and body mass index were recorded during clinic visits.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. At the last inspection we saw an audit to compare the effectiveness of different medicines on weight loss over a period of 12 weeks. The audit showed one medicine appeared to be more effective but the doctor intended to repeat the audit within 12 months with a larger patient sample to confirm the results.
- The service had started to record whether patients had lost weight as part of the regular records review, as a measure of effectiveness. There was a plan to make this assessment more comprehensive.

Effective staffing

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

- At our last inspection we found that one member of staff had not been given induction training. At this inspection we found all staff were appropriately trained and qualified including a new member of staff who had completed the initial training modules.
- The doctor was registered with the General Medical Council and was up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained. A plan was in place to track when training was due and staff were given access to online training modules.

Are services effective?

Coordinating patient care and information sharing

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

- Patients received person-centred and holistic care and were advised not to rely on medicines alone. They were encouraged to consider activity levels and diet. The doctor tailored their advice to the individual patient and discussed their motivation for weight loss.
- There were no examples of direct referrals but patients were signposted to more suitable services when appropriate.
- Patients were asked to complete a form to capture details of their health, any relevant test results and their medicines history. The doctor confirmed this with them during the initial consultation and added further details.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. We did not see any examples where patients had agreed to this, but the doctor was aware of General Medical Council guidance and told us they encouraged patients to tell their GP.
- The service monitored the process for seeking consent as part of their regular records review, and asked patients to review consent at least annually.

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. During the COVID-19 pandemic the opportunities for patients to chat to staff while waiting to see the doctor were reduced so the service had developed alternative ways to provide information including a noticeboard and an information pack. The pack included suggestions for low calorie diets and calorie comparisons for a range of foods.
- The doctor recommended mobile apps that patients could use to support weight loss.
- Risk factors were identified and highlighted to patients.
- 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 caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. They had tried different ways to do this, including via text message and feedback forms, and it was still under review. Staff were aware of the need to pass on verbal feedback from patients.
- 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.
- 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.

- Patients were given an information leaflet which explained how the medicines acted and possible side effects.
- The service had considered the provision of interpretation services for people who did not have English as a first language, and determined that there was no requirement for a regular service. A small number of people had used family members as interpreters.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations with the doctor were held in a private room. As there were fewer people in the clinic due to the COVID-19 pandemic, the waiting area was quiet and it was possible to hear the conversation. The service agreed to review this.

Are services responsive to people's needs?

We rated responsive as Good

Responding to and meeting people's needs

The service took account of patient needs and preferences when organising and delivering services.

- The provider was aware of the needs of their patients, for example more clinic sessions, and had considered them when reviewing services.
- The facilities and premises were appropriate for the services delivered. Adjustments had been made to encourage social distancing. There was a gazebo in the garden where patients could wait to reduce the number in the clinic, and in poor weather people were encouraged to wait in their car.

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, diagnosis and treatment.
- An appointment system had been introduced to reduce crowding and to prioritise patient safety.
- Waiting times were 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 in reception.
- 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 a complaint policy and procedures in place. The service had updated their policy to include verbal complaints. Records included examples of patients who were not eligible for weight loss medicines under national best practice guidance, and who were unhappy with the opening hours and appointment system. The practice had a policy of not responding to feedback left on public websites but had considered the reviews.

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.

- At our last inspection we found that processes were not operated effectively to address challenges to the service. This time we found that systems had been simplified and were followed routinely. Leaders were able to explain the challenges they faced, for example operating safely during the pandemic, and identify measures taken to address them.
- At the last inspection we found the manager did not always work closely with staff to operate systems effectively. At this inspection staff told us there had been improvements for example a short planning meeting was held at the start of each clinic.
- At our last inspection the provider was not able to demonstrate that they were developing leadership capacity and skills. At this inspection additional leadership support had been put in place and systems were operated as intended.

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 and leaders were able to articulate plans for building on those values following the pandemic. The service had a realistic strategy to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were able to describe the vision, values and strategy and their role in delivering them.
- At our last inspection we found the service did not monitor progress against the strategy. At this inspection the service was able to demonstrate clear progress, for example the improvements in monitoring quality and safety.

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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was a clear process for dealing with incidents and complaints with openness, honesty and transparency. The provider was aware 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 staff with the development they need. This included appraisal conversations which had been modified in the last year to make them applicable to the pandemic situation.
- There was a strong emphasis on the safety and well-being of all staff.
- At the last inspection we found that staff had not been given equality and diversity training. This had been rectified and staff were trained.
- There were positive relationships between staff.

Governance arrangements

Are services well-led?

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

- At the last inspection we found processes and systems had been put in place but were not always used effectively. At this inspection, structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- At the last inspection we found the manager had not ensured all activities were clearly assigned. At this inspection additional management support had been put in place and staff were clear on their roles and accountabilities.
- At the last inspection not all policies could be found on the day of the inspection and the manager did not ensure they were operating as intended. At this inspection a set of policies was in place, available to staff, reviewed regularly and followed in practice.
- The service submitted data or notifications to external organisations as required.
- At the last inspection we found staff access to records was not clearly defined and controlled. This time arrangements had been put in place in line with data security standards for the confidentiality of patient identifiable data and records. There was a system administrator who assigned a level of access to each member of staff appropriate to their role.

Managing risks, issues and performance

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

- At the last inspection we found that processes had been put in place but were not always followed. At this inspection a monthly planning system had been introduced to identify, understand, monitor and address current and future risks including risks to patient safety.
- At the last inspection we found that the performance of clinical staff was not monitored and the system to oversee trends and themes was not operated effectively. At this inspection improvements had been made and a sample of clinical records was audited regularly. Leaders had oversight of safety alerts, incidents, and complaints.
- A clinical audit had been carried out within the last year, looking at the relative effectiveness of two medicines used to assist weight loss. Plans were in place to complete a second audit cycle.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- At the last inspection we found that records had not been audited and there was limited use of the views of patients. This time regular audits were carried out and information was used to ensure and improve performance.

Engagement with patients, the public, staff and external partners

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

- The service heard views and concerns from patients and staff. Staff meetings were held regularly and recorded.
- There was a focus on verbal feedback from patients and opportunities for this were limited by social distancing, but plans were in place. For example text was the preferred method of communication for most patients so the service was considering using text to collect feedback.

Continuous improvement and innovation

Are services well-led?

There were was evidence of systems and processes for learning, continuous improvement and innovation.

- There was an increasing focus on continuous learning and improvement.
- At the last inspection the service did not review incidents and complaints. At this inspection a clear process had been put in place and the service recorded and reviewed incidents and complaints and shared them at staff meetings.