

Weightmedics - North Harrow

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?		Requires Improvement	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Weightmedics – North Harrow 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.

Weightmedics - North Harrow provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. The Nurse Director 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 provider took action to review and prevent the future occurrence of adverse events and ensured that learning was shared with staff.
- The provider had robust systems for managing recruitment, induction and training updates for staff.

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

- Ensure that care and treatment is provided in a safe way.

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.
- Make a clear record of the rationale when a different approach to national guidance is taken in order to protect patient safety.
- Develop processes for managing medicines stock count discrepancies for all staff to follow.

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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 and included another member of the CQC medicines team.

Background to Weightmedics - North Harrow

Weightmedics is a slimming clinic located in North Harrow, North West London. It is part of the Weightmedics chain of clinics. There are a total of four registered locations. The other locations have previously been inspected and rated. This is a newly registered location. Information in relation to the provider organisation was reviewed in preparation for this inspection.

The clinic is located on the ground floor of a building which hosts other businesses. There is step-free access available. There is a reception / waiting area as well as a consulting room. It is across the road from North Harrow underground and rail station and local bus stops. There is street parking close to the clinic.

Weightmedics - North Harrow is open for face to face consultations on Mondays, Fridays and Saturdays. People can access video consultations with a doctor seven days a week. The clinic is staffed by a receptionist, and a doctor. A nutritionist can work remotely or from any of the other clinic locations to see patients via video link. Staff based at other locations can also cover shifts at this clinic. If for any reason a shift is not filled by one of the regular doctors, locum doctors familiar with the clinic can be contacted. In addition, staff at this location work closely with staff based at other locations within the organisation.

How we inspected this service

We gathered a number of documents from the registered manager prior to our site visit and reviewed them for this inspection. During this inspection, we interviewed staff, reviewed 25 patient records and spoke to patients.

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 Requires improvement

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, however they did not always follow them.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to all staff. They outlined clearly who to go to within the organisation 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 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 according to the organisation's own 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. Staff told us that they knew how to identify and report concerns. However, during this inspection we found one patient where appropriate action had not been taken to ensure their wellbeing. After discussions during this inspection, the provider informed us of steps they had taken to ensure the wellbeing of the patient.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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 the manufacturers' instructions. The clinic did not dispose of any healthcare waste. Any unwanted medicines were denatured on site and returned to the wholesaler. The clinic had the appropriate certificate for this activity.
- The provider carried out appropriate environmental risk assessments. These assessments took into account the profile of people using the service and those who may be accompanying them.
- 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.

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. They were aware that the clinic policy was to call the emergency services if needed. All staff had first aid training. In addition, the doctors and the registered manager were trained in basic life support.
- 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 a medical emergency is low.
- 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 did not always have information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual electronic care records were written and managed in a way that kept patients safe. We saw that there was a protocol for obtaining GP summaries for the clinic doctors to follow. This area was also being audited. However, there were occasions where information needed to deliver safe care and treatment was not available to staff. We found examples where GP practices had not sent medical histories to the service. This was not always followed up by the service which put patients at risk of being treated with medication inappropriately.
- All records were updated during the consultation or within a reasonable time after the consultation, in line with guidance.
- 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 formal system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines, however staff did not always follow them.

- The systems and arrangements for managing medicines, including controlled drugs, did not always minimise risks. Staff had an effective system to ensure that medicines requiring refrigerated storage were maintained within their recommended temperature range. However, we saw one occasion where there was a discrepancy in the medicines stock count. Staff had not followed the providers processes to ensure that a senior team member was informed of this.
- As the service had electronic records, they could be accessed remotely from any clinic location or via any clinic laptop. Doctors within the service were able to conduct prescribing peer reviews.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. However, there were occasions where people were not being treated in line with the clinic protocol that we were provided with. For example, we saw evidence of patients receiving medication despite having a body mass index (BMI) below 30 with no associated risk factors recorded. The provider's internal audit processes had not identified this.
- The service prescribed and supplied Schedule 3 Controlled Drugs (medicines that have a higher level of control due to their risk of misuse and dependence). The service maintained a full audit trail of prescribing and supply to patients. Doctors prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients, including for patients accessing treatment via video consultations. However, there were not always effective systems for verifying people's weight and BMI before prescribing. This meant that there was a risk of patients inappropriately obtaining medicines for weight loss.
- 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.

Are services safe?

- 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.

- 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. We saw evidence of policies related to obtaining medical histories from patient's own GPs had been updated. This was as a result of incidents that had occurred and these were shared with staff during staff meetings.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

We rated effective as Requires Improvement

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 but did not always deliver care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed patients' needs in line with relevant standards and only prescribed medicines as part of a holistic weight management programme. However, we saw evidence that medicines were sometimes prescribed to people who did not fit the criteria for treatment at this service. No records were made to explain the reason for not prescribing medicines in line with the guidance. For example, we saw six patients with a BMI below 30 with no associated risk factors who had received medication. This was not in line with the provider's criteria for treatment that we were given.
- Clinicians did not always have access to enough information to make or confirm a diagnosis prior to prescribing medicines to patients. Patients were asked for their medical history and medicines they were taking during their initial appointment. Doctors used that information to decide whether to supply medicines to patients. Clinic staff then contacted GPs to verify each patient's medical history. In a few cases, the service found that the medical information from the GP was different to what the patient had disclosed. This system meant that there was a risk that unsuitable patients were being supplied with medication.
- Staff encouraged patients to attend an initial face to face appointment in clinic. Thereafter, they could be seen in person, or via video link. They were also required to have their blood pressure (BP) checked at their initial consultation and then periodically. However, when patients were seen via video link, the processes to ensure that medication was prescribed appropriately were not always robust. For example, one patient was provided with medication even though they had not submitted a validated weight or full length photograph. This meant that there was a risk that patients were being supplied with medication inappropriately.
- The provider recently updated their guidance and now asked for GP details for all new patients. If a patient did not consent to sharing their GP details, they were unable to receive medicines at the service. However, we came across instances when consent to obtain a medical history from the GP was provided, but medical records had not been requested. Or had been requested but not received. This meant that there was a risk that patients were being provided with medication at the service inappropriately.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The medical records clearly showed that people received appropriate treatment breaks.
- The provider had developed a mobile phone application that enabled patients to access information to aid weight management. Patients could also track their own weight via the application. There was also information available on the organisation's website on nutrition, exercise and mindfulness.

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, issues with medical histories were discussed at staff meetings and the process kept under continual review. Doctors also conducted peer reviews of medical notes to ensure that prescribing was in line with clinic policy. However, the issues we highlighted on the inspection had not been raised.

Are services effective?

- The service made improvements through the use of clinical audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

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 the Nursing and Midwifery Council. They 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, but did not always communicate well with other organisations, to deliver effective care and treatment.

- Patients received person-centred and holistic care and the importance of not relying on medicines alone was discussed.
- During initial registration, patients were asked for basic details of their health. On arrival to the clinic, the doctor went through a more detailed form with the patient. This captured information relating to their health, and their medical history, which was then verified later with the GP. During the consultation, this information was discussed in detail and patients were weighed.
- Patients were encouraged to attend their initial appointment in person to ensure they could be weighed and their identification verified. Patients accessing the clinic via video consultation were asked to submit identification documents, height, a validated weight, and a validated blood pressure reading. However, we saw there were no validated weight measurements on three of the patient records we reviewed.
- All patients were asked to consent to the sharing of their treatment details with their own GP. This happened during the initial clinic registration by a receptionist. If patients gave consent, letters were sent to their own GPs informing them of the treatment being provided. However, we saw one patient record where a GP letter was not sent despite the patient consenting to this. The provider informed us that the GP letter was sent out after this inspection.
- The provider's policy stated that all patients must consent to information sharing. If permission was not granted, treatment could not be provided with certain medicines. However, those patients could still access weight management support services.

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. For example, patients were emailed provided with information on nutrition, diet and exercise to support weight management.
- The provider had developed a mobile phone application to support weight management and patients were encouraged to use it.
- Patients could access consultations with a nutritionist to support their weight loss journey.

Are services effective?

- The provider was working on a system to automate the sending of patient information leaflets to people who received their medicines in the post.
- We saw evidence that dietary, physical and holistic needs were discussed with patients and documented in their records. We also saw that patients were encouraged to monitor body composition so that they could track muscle and fat.
- 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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients on how satisfied they were with the service provided. Patients were sent a text message asking for feedback after each consultation. If anyone gave a score lower than the maximum, they were contacted to find out how the service could be improved. This information was used to monitor and improve the service.
- The provider had also developed a tool which gathered patient feedback via their website. Feedback from patients was positive about the way staff treated people. One patient told us staff were polite, helpful and genuinely seemed like they cared about their patients.
- 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 they told us that they knew how to access information.

Involvement in decisions about care and treatment

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

- Interpretation services were not available for patients who did not have English as a first language. However, people were encouraged to bring an interpreter with them to their consultation if needed. Patients were also told about multi-lingual staff who might be able to support them.
- All patients were encouraged to take a holistic approach to their weight loss. This was reflected in the contents of the mobile phone application and in the language used on the provider's website. Diet and exercise were also discussed and patients told us that they were made aware not to rely on the use of medicines alone.

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. Consultations with the doctor were held in a private room in the clinic. It was not possible to hear the consultations from the waiting area when the clinic radio was on. Patients were advised to go somewhere private and quiet whilst they were having video consultations.

Are services responsive to people's needs?

We rated responsive as Good

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments were made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, people could make the text larger on the tablet screen whilst completing the pre-assessment forms in reception. Staff were also able to provide magnifying glasses to people with poor eyesight. A hearing aid loop was available.
- Patients told us that they were sometimes given the option to book an appointment with a doctor that had seen them before to ensure continuity.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately. If for any reason the doctor could not attend, other doctors who could cover were contacted.
- Doctors were able to conduct video consultations for patients who did not wish to attend the clinic in person. However people living in London were encouraged to attend their first appointment in person.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded 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 a complaint policy and procedure in place. The service learned lessons from individual concerns, complaints and from the analysis of trends. It acted on these to improve the quality of care. We saw an example of a detailed written response that the provider had sent to a patient in response to a complaint.

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.
- 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 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 and external partners. Staff gave examples of how their advice was listened to and helped the development of the business.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The vision and strategy was communicated to staff at team meetings.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, we saw that action was taken when a member of staff fell short of what was expected of them.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, in a response to a patient complaint the language used was empathetic and the patient's concerns were appropriately addressed.
- 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. The provider had an electronic system to manage all their human resources processes. This empowered staff with the ability to keep track of their own progress, training and their appraisals.
- 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.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, however they were not always followed.

- Structures, processes and systems to support good governance and management were clearly set out. However they were not always followed effectively. For example, staff did not always follow clinic procedures regarding managing medicines stock discrepancies.
- 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. Staff knew where to access the provider's policy documents.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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. Risk assessments were regularly reviewed and updated appropriately.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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. We saw that there were regular meetings held where this was discussed.

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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. For example, there was a tool on the provider's website that was aimed at obtaining patient feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

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 which was evident in staff meetings and from discussions with the provider.
- The service made use of internal reviews of incidents and complaints. Learning was shared with the whole team and used to make improvements.
- There were systems to support improvement and innovation work and staff were encouraged to share ideas. For example, a member of staff suggested 'anonymous drop in community groups'. This meant patients could join video conference calls and learn about weight management without showing their names, which increased engagement.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <p>In some cases, we saw that medicines were prescribed to people prior to receiving their medical history which is not in line with current GMC guidance.</p> <p>Medicines were supplied to three patients who had not submitted a validated weight. Of those three patients, one of them had not submitted a full length photograph.</p> <p>Treatment plans were not always shared with patient's own GPs when consent was provided.</p> <p>The provider treated patients with body mass index readings below 30 who had no associated risk factors recorded.</p>