

Harmony (Your Gentle Way To Slim) Limited

Harmony Medical Diet Clinic in Wood Green

Inspection report

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Overall summary

We carried out a focused inspection on 23 January 2017 to ask the service the following key question: Is the service well-led?

Our findings:

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC previously inspected this service on the 15 December 2015 and asked the provider to make improvements to monitor and improve the quality of the service. We checked this as part of this focussed inspection and found that this had been resolved.

Harmony Medical Diet Clinic in Wood Green is located within a clinic room in a high street pharmacy in Wood Green, North London. There is one doctor present at all times when the clinic is open. A toilet facility is available at the premises. Slimming clinic and obesity management services are provided for adults from the age of 18 years old and upwards. The service operates on a 'walk-in' basis. The clinic is open from 9:30am to 16:30pm, on Mondays and Tuesdays (excluding bank holidays).

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

At our previous inspection on the 15 December 2015 we found that the provider was not providing well-led services as there were no systems to monitor and improve the quality of services.

We issued a Requirement Notice in respect of these issues.

We carried out a focussed follow up inspection on 23 January 2017 and found that the service had taken the necessary action to ensure that there were systems to monitor and improve the quality of services.

Governance arrangements

The clinic was run by one doctor who is supported by the registered manager who was also a doctor. (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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.) There are two other locations of this service that are also run by the same provider in Bedford and Coventry. The registered manager provides supervision and support to all practitioners working across the locations.

There was a clear governance arrangement within the service. The doctor working at the clinic was responsible for the safe and effective use of medicines. In addition, he received formal clinical supervision from a GP as part of his revalidation. (Revalidation is a process that all doctors must complete regularly to show that they are up to date, fit to practice and can provide a good level of care.)

The doctor felt supported in carrying out his role at this clinic. He spoke to another doctor regularly (who worked at

the clinic previously and was still the clinic owner). If a training course was identified and deemed useful to the clinic, the financial burden would be shared by the doctor and the clinic owner.

We saw systems of good practice working. For example, if the doctor had concerns, he asked the patient for consent to refer them to their GP for further investigation. In addition, patient details were taken on paper, and transferred immediately onto the electronic system. The records were legible, accurate and kept secure. This meant that if a client wanted to visit a different clinic from the same provider, it was possible for their information to be shared. A good record keeping system enabled the provision of a safe service.

The doctor conducted regular clinical audits in order to assess the quality of care and identify areas for improvement.

Continuous improvement

We saw that the provider used the data that had been collected to drive improvement. For example, the doctor routinely encouraged patients to visit the clinic regularly for weight and blood pressure checks. This gave the doctor an opportunity to provide reassurance and encouragement to clients on a regular basis. This was done because data collected at the clinic had shown that weight loss is more likely when clients are seen regularly and encouraged. These visits did not necessarily result in clients buying more supplies of weight loss medicines.

We saw that an attempt was made to audit weight loss in all the users of the clinic so that their progress could be tracked despite the fact that some people only attended for an initial visit.

In addition, the views of patients were routinely sought and encouraged. The clinic regularly collected patient survey data, and the feedback was positive.