

Weight Medics Limited

Weightmedics

Inspection report

77 Belmont Road
Uxbridge
Middlesex
UB8 1QU
Tel: 0207 760 7670
Website: www.weightmedics.co.uk

Date of inspection visit: 15th August 2018
Date of publication: 02/10/2018

Overall summary

We carried out an announced comprehensive inspection on 15 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

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

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.

Weight Medics Uxbridge is a slimming clinic located in Uxbridge, London. The clinic consists of a second floor reception area, a consulting room, staff kitchen and toilet facilities. It is close to Uxbridge tube station, and local bus stops. Parking in the local area is available.

The clinic is staffed by a receptionist and a doctor. There are staff based at other locations that cover shifts at this clinic. If for any reason, a shift is not filled by one of the regular doctors, there are locum doctors who are familiar with the clinic that can be contacted. In addition, staff work closely with other staff based at the other locations. This clinic is one of six clinics that are run by the same provider organisation.

The patient care 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.

Summary of findings

Patients completed CQC comment cards to tell us what they thought about the service. We received seven completed cards and all were positive. We were told that the service was excellent, and that staff always made time to listen to people, were helpful and flexible.

Our key findings were:

- All patients received appropriate treatment breaks that were built in to their treatment regimens from the beginning.
- The clinic appropriately refused treatment to people with low weight, co-existing medical conditions or drug interactions.
- The clinic actively sought feedback from users of the service. Any negative feedback was discussed at team meetings where staff came up with ideas for improvement.

There were areas where the provider could make improvements and should:

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available
- Review the need to carry out an updated audit to demonstrate the clinical effectiveness of the service being provided.
- Review and improve the recording of medicines storage temperatures
- Review the floor and chair coverings in use in the treatment room.

Weightmedics

Detailed findings

Background to this inspection

Weight Medics Uxbridge is a slimming clinic located in Uxbridge, London. The clinic consists of a second floor reception area, a consulting room, staff kitchen and toilet facilities. It is close to Uxbridge tube station, and local bus stops. Parking in the local area is available.

The clinic is staffed by a receptionist and a doctor. There are staff based at other locations that cover shifts at this clinic. If for any reason, a shift is not filled by one of the regular doctors, there are locum doctors who are familiar with the clinic who can be contacted. In addition, staff work closely with other staff based at the other locations. This clinic is one of six clinics that are run by the same provider organisation.

The clinic provides slimming advice and prescribes medicines to support weight reduction. It is a private service. It is open for walk-ins or booked appointments on Mondays between 1pm to 7pm, Thursdays between 10am to 2:30pm and Saturdays 10am to 1pm.

We carried out this inspection on 15 August 2018. Our inspection team was led by a member of the CQC medicines team, and was supported by another member of the CQC medicines team.

Prior to this inspection, we gathered information from the provider and from patient comment cards. Whilst on inspection, we interviewed staff and patients and reviewed 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?

Our findings

Safety systems and processes

There was a safeguarding lead in the clinic. Staff were aware of how they would go about raising any safeguarding concerns. In addition, there was a safeguarding policy that staff could refer to. All doctors, including the medical director, had been trained in the safeguarding of both adults and children. The registered manager was also trained.

Disclosure and Barring Service (DBS) checks were present for all staff. It was the service policy to request a new DBS check every five years for all staff members.

We saw that all the doctors were up to date regarding their revalidation with the General Medical Council. The doctors were registered with an appropriate responsible officer.

There were sufficient numbers of suitably trained and competent staff available at the clinic. During opening hours, the clinic was staffed by a receptionist and one doctor. There was also a nutritionist that patients were referred to who was not directly employed by the service. Staff from other clinic locations were able to cover shifts if necessary. This included receptionists, doctors and a patient care manager who was also the operations director. We saw that there was a staff induction checklist.

We were told that the patient care managers were able to act as a chaperone to patients. Staff had received training to undertake this role. The clinic had a sign in the waiting area and treatment area to explain to patients that a chaperone was available.

Staff had arranged for an external company to conduct a Legionella risk assessment at the clinic. (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria.) The test determined that there was a low risk of legionella bacteria in the water system. We saw evidence of the test during the inspection.

The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be generally clean and tidy. An external cleaning company cleaned the premises each week. We saw records of this activity and infection control audits. However, we saw that the treatment room had carpets and cloth chairs which did not conform to best practice as flooring in clinical areas should

be seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant. After the inspection the manager informed us of their plans to make changes to the room.

We saw evidence that the weighing scales and blood pressure monitor were cleaned and calibrated on a regular basis. A fire risk assessment had been undertaken by an external agency and a fire evacuation procedure was in place which was supported by a written policy.

Risks to patients

Although this service was not designed or expected to deal with medical emergencies, the provider had developed a policy on this. This document explained that doctors on site were to deal with medical emergencies in the first instance, and if necessary, staff would call 999. A number of staff had received basic life support training. There was also a first aid kit and adrenaline available for anaphylaxis. If someone became unwell whilst at the clinic, there was always a doctor on duty during the clinic opening hours who could deal with this.

We saw evidence that the provider had indemnity arrangements to cover potential liabilities that may arise. We also saw that all the doctors had personal medical indemnity insurance to cover their activities within the service.

Staff tested the fire alarms every Monday. In addition, there was a practice fire evacuation every six months.

Information to deliver safe care and treatment

Individual patient records were written in a way to keep people safe. They were accurate, complete, legible, up to date, and stored securely.

Safe and appropriate use of medicines

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

Are services safe?

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'.

At Weight Medics Uxbridge, the choice of medicine was made in partnership with the patient. Clinicians discussed the relative benefits of each treatment, and if the patient chose an unlicensed treatment, the implications of this were clearly explained, including the unlicensed status of the medicine. Patients were provided with written information about the medicines they were prescribed at the clinic. In the case of injections, this included information on how to safely administer the medicine. The clinician explained and demonstrated to patients how to give the first injection. The patient was then observed and supervised as they administered the first dose themselves.

The supplements chromium and garcinia could be purchased to aid appetite suppression. There is very little evidence to support the use of these supplements.

Weight Medics Uxbridge had a Medicines Management Procedure and we saw that staff were mainly following this procedure. We found that medicines were stored securely and access was restricted to approved members of staff. The service received medicines as prepacks from an external supplier. Staff told us that occasionally medicines were still packed down to smaller quantities on site if prepacks were not available from the supplier. Staff received training in this process and it was supervised by the medical director. Medicines were destroyed appropriately; we saw the services T28 waste exemption certificate.

However, we found that the provider did not monitor the maximum and minimum fridge temperatures for liraglutide as recommended by best practice and the provider's policy

We reviewed 10 patient records and saw that medical history, including current medicines, were reviewed prior to any medicines being prescribed. Records showed that weight and blood pressure were monitored at each clinic attendance. We saw that people were always given an appropriate treatment break after 12 weeks of treatment. We noted that no one under the age of 18 or over the age of 65 were prescribed appetite suppressants.

We saw records of treatment refusal. Staff were able to show us recent examples of treatment refusal because of low weight and co-existing medical conditions. This was in line with the provider's own policies.

Lessons learned and improvements made

The clinic had a system for identifying and analysing clinical incidents. We saw evidence of incidents that were reported as well as actions taken as a result. Staff demonstrated their understanding of their responsibilities to raise concerns.

There was a system for receiving information relating to safety alerts. For example, we saw records relating to a drug recall that was actioned appropriately. The provider had a policy for dealing with medical emergencies.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Each patient was initially seen by a patient care manager. This meeting established a medical history and checked to see if people were contraindicated for treatment with medicines. The patient care managers weighed patients, calculated body mass index (BMI), and took detailed fat percentage measurements. They also did a BP reading. The various treatment packages available were also explained. With some packages, the patients' details were sent to the nutritionist who provided dietary advice around suitable meal plans.

If appropriate for treatment, the patient then had a consultation with a doctor who went through the medical history in more detail. All the medical records seen confirmed that a detailed medical history was taken for each patient. Additional notes were added from the consultation with the doctor. All patients had a treatment break at three months planned in from the beginning of treatment. Patients said that they were told about a treatment break and therefore expected it.

We noted that consultation appointments were of a suitable length of time. In addition, patients told us that the consultations were very thorough and professional. We saw that people who had a high BP reading were referred to their GP before treatment could commence.

We saw evidence that repeat weights and BP readings were completed at subsequent clinic visits. Side effects and treatment options were discussed and recorded. We did not see any evidence of any patients being treated with a BMI below 27 kg/m² (with co-morbidities).

Monitoring care and treatment

We found that the provider routinely collected information about the outcomes of people's care and treatment; for example we saw evidence of target weights set and whether they had been achieved by the first treatment break at 12 weeks. However, we did not see any evidence of an updated two cycle clinical audit since 2013 to demonstrate the clinical effectiveness of the service being provided. We brought this to the attention of the provider who told us they were in the process of doing an audit of all patients who had been prescribed liraglutide since January

2018, in order to demonstrate the effectiveness of the treatments they were offering. Data collection for this audit had started, and we saw a review template had been created to capture the required information.

Effective staffing

Staff were provided with the clinic policies to read and had signed to say that they had done this. We saw that staff were trained in a number of areas, for example chaperoning. Training had recently been completed by all staff members on the safeguarding of adults and children. All the doctors had undergone revalidation and the receptionist received regular supervision.

We saw evidence of regular staff appraisals and learning needs that had been identified for staff.

Coordinating patient care and information sharing

As part of the consent form, people were asked whether they wanted information to be shared with their own GP. We saw that some patients selected an option on the form to clarify if their GP could be contacted. Patients who consented for information sharing were provided with written information to give to their own GP. If any concerns were highlighted whilst in contact with the clinic, patients were referred to their own GP for further investigation. Examples of reasons for referral included high blood pressure and depression.

Supporting patients to live healthier lives

We found that people who used the service were empowered and supported to manage their own health, care and wellbeing in an independent manner. For example there was a nutritionist that patients were referred to who could support people by developing individualised meal plans based on people's preferences and religious needs. We saw that medicines formed part of a wider weight management plan.

Consent to care and treatment

Clinical records showed that consent was obtained from each patient before treatment was commenced. Patients were asked to sign a declaration before appetite suppressants were prescribed. This included the information that the appetite suppressants Phentermine

Are services effective?

(for example, treatment is effective)

and Diethylpropion were unlicensed but produced under a specials licence. The provider offered full, clear and detailed information about the cost of consultations and treatments.

Are services caring?

Our findings

Kindness, Dignity, respect and compassion

Patients completed CQC comment cards to tell us what they thought about the service. We received seven completed cards and all were positive. We were told that the service was excellent, and that staff always made time to listen to people, and were flexible. Consultations took place in a private consultation room located next to the reception area. The door to the consultation room was closed to ensure privacy. Conversations could not be heard from outside the consultation room. Staff were available to provide advice over the phone.

Involvement in decisions about care and treatment

Information relating to treatment options and the cost of treatment was readily available. People told us that they felt that the medical history taken was very thorough. We saw that there were a variety of patient information leaflets available which included information on nutrition and exercise.

Patients could discuss treatment options and agree weight loss goals at the start of treatment. Clinicians discussed the relative benefits of each treatment, and if the patient chose an unlicensed treatment, the implications of this were clearly explained, including the unlicensed status of the medicine. We saw evidence of ongoing treatment being reviewed in partnership with the patient taking into account effectiveness and side effect profiles.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The facilities and premises were appropriate for the services being provided. The clinic was located on the second floor of the building. It consisted of a reception area with seats, a consultation room, and an office for staff only. Whilst the clinic was not wheelchair accessible, staff told us that they directed patients to one of their other nearest clinic locations that had provisions for disability access.

Slimming and obesity management services were provided for adults from 18 to 65 years of age by appointment. Appointments were available during the opening hours of the clinic. The opening hours of the clinic were as follows: Mondays (1pm- 7pm), Thursdays (10am – 2:30pm) and Saturdays (10am - 1pm).

The provider had a disability policy which stipulated that staff should be aware of the potential needs of people living with disabilities.

Whilst some provisions had been made for patients with protected characteristics, information and medicine labels were not available in large print. An induction loop was not available for patients who experienced hearing difficulties.

We were told that a number of patients who spoke different languages accessed the clinic. Staff who spoke those languages were able to communicate with those groups of patients. Where this was not possible, a translator was employed to communicate to patients.

Timely access to the service

The clinic was open three days a week. People accessing the service were able to make an appointment. Patients usually phoned ahead of visiting the clinic. Very few patients walked in expecting to be seen immediately. People were generally able to get an appointment when they wanted. There were times when the clinic had planned closures (generally school holidays). Clinic closures were planned well in advance and patients were informed when they booked appointments.

Listening and learning from concerns and complaints

Staff had systems for documenting incidents and complaints. There was a complaints and incidents policy available with the compliance manual we saw. The receptionist was able to tell us about how people could make a complaint. There was also a patient welcome pack which included information on how to contact the clinic. In addition, we saw records of complaints that had been made. They were all appropriately dealt with and any learning shared with all staff. Staff felt confident to raise any concerns relating to suspected or actual abuse, poor practice, and knew how to whistle blow.

Are services well-led?

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

Our findings

Leadership, culture, capacity and capability;

On the day of inspection the service leaders demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. There was a clear leadership structure in place and staff felt supported by management.

Staff told us and we saw evidence that the provider held regular meetings. Staff we spoke to told us there was an open culture within the organisation and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were taken and feedback to staff.

Staff we spoke to said they felt respected, valued and supported, particularly by the patient care managers in the service. Staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered by the provider.

There were opportunities for staff to work-shadow colleagues at other clinic locations run by the same provider in order to improve their knowledge, skills and experience.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Whilst this had never happened, staff were able to explain how they would deal with poor practice and what to do if they needed to whistle blow. The leadership team encouraged a culture of openness and honesty.

Vision and strategy

The service had a clear vision to deliver quality care and staff were able to tell us their roles in achieving them. This vision was “to treat patients as individuals and provide bespoke treatment plans tailored to individual needs”.

The service had a business plan and strategy which they told us was flexible and allowed for responsive service development. This was evidenced in minutes of meetings and discussion with all members of staff. We saw that this plan was built around the needs of patients.

Governance arrangements; managing risks, issues and performance; appropriate and accurate information

Staff at the clinic had appropriate arrangements to ensure good governance at this clinic. The operations director and the registered manager (who both worked as patient care managers) worked across all of the fully operational sites. The medical director had overall responsibility for the governance and safe and effective use of medicines.

The operations director and medical director had met with NHS England staff to ensure that all the doctors working at the clinic were appropriately revalidated for the work they do at the clinic. We saw that the clinic kept relevant records relating to recruitment, for example; proof of identification and DBS checks. Medical records were paper based and were stored securely and we saw that they were complete, legible and accurate.

The clinic conducted audits to assist in the identification of areas requiring improvement. We saw audits on medical records, complaints and cleaning. We saw actions taken when areas for improvement were identified.

Medical alerts were received by the operations director and disseminated to all staff as appropriate. A log was kept of any action required.

Engagement with patients, the public, staff and external partners

The provider had a system to actively seek feedback from all patients via text message after each appointment. Patients could also give feedback via internet based review sites or could call and speak to a member of staff. Any negative feedback received was discussed at meetings to look for ways to improve.

Continuous improvement and innovation

We saw that the findings of audits were used to improve patient care. For example, an audit had highlighted the need for improved fire evacuation procedures, which led to an update in policy and more regular fire testing being done. In addition, the medical director reviewed patient records (the quarterly patient review) and provided feedback to each doctor in order to continuously improve the service provided.