

AMC Health care Ltd

Albany Medical Centre

Inspection report

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Date of inspection visit: 6 June 2018
Date of publication: 03/08/2018

Overall summary

We carried out an announced comprehensive inspection on 6 June 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.

Albany Medical Centre is one of four slimming clinics owned by the same provider. The clinic is located in the London Bridge area. The clinic consists of a reception room, a separate waiting area, and a consulting room. It is on the first floor of 64 Borough High street. It is very close to London Bridge rail and tube station, and local bus stops. Parking in the local area is very limited and the clinic is not wheelchair accessible.

The clinic provides slimming advice and prescribed medicines to support weight reduction for adults from 18 – 65 years. It is a private service. It is open for walk ins or booked appointments on Wednesdays and Thursdays from 4pm – 7pm.

The clinic is staffed by a receptionist and a regular doctor. If for any reason, a shift is not filled, staff from another location are able to provide cover.

The Registered Manager was often on site during the clinic opening hours. If not, he was contactable on his mobile phone at all times. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 Regulations about how the clinic is run.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction.

Patients completed CQC comment cards to tell us what they thought about the service. We received nine completed cards and all were positive. We were told that the service was very good, and that staff were respectful, welcoming, patient and supportive.

Our key findings were:

- We saw evidence that medicines supplies were refused appropriately to patients who did not fit the treatment criteria.
 - Whilst the service had recently opened at this location, staff were continuously looking for areas for improvement.
 - Staff were conducting an audit into the quality of information taken over the phone from potential patients.
- There were areas where the provider could make improvements and should:
- Review the need for a formal risk assessment detailing how emergencies would be managed.
 - Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
 - Review the need for a risk assessment with regards to Legionella testing.
 - Review arrangements regarding the use of chaperones and services for people whose first language is not English.
 - Review the audits undertaken to enable staff to demonstrate the effectiveness of the service.

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 safe?

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

However, we found areas where improvements should be made relating to the safe provision of treatment. The provider should review the need for a formal risk assessment detailing how emergencies would be managed. The provider should also review arrangements regarding the use of chaperones. The provider should review the need to conduct a risk assessment with regards to Legionella testing.

Are services effective?

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

Each patient was seen by a doctor who established a full medical history. This initial assessment included weights, calculation of the body mass index (BMI), and an up to date drug history. Patient blood pressure readings were also taken at each consultation. We saw evidence that photographic identification was reviewed to ensure that patients were between the ages of 18 and 65 years.

Are services caring?

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

Patients told us that staff were very friendly and respectful. The environment was calm.

Are services responsive to people's needs?

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

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have any provisions in place for patients who did not speak English. However, patients were advised to bring someone who could translate for them if this was the case.

Are services well-led?

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

The provider had systems to ensure that incidents were recorded. Feedback from patients was obtained using a suggestions box located in the reception area. In addition, staff met regularly and shared ideas for the development of the clinic.

Albany Medical Centre

Detailed findings

Background to this inspection

We carried out this inspection on 6 June 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 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

The provider promoted safety via their recruitment procedures. They did this by requesting a form of identification and a Disclosure and Barring Services check for each person employed.

We saw that the doctor was up to date regarding revalidation with the General Medical Council. The doctor was registered with an appropriate responsible officer.

Staff at this location had all been trained in the safeguarding of both adults and children. In addition, there was a safeguarding policy which included information on who to contact with any safeguarding concerns.

The premises were visibly clean. Staff took responsibility for disinfecting equipment prior to use and cleaning surfaces on clinic days. An external cleaner took responsibility for regularly cleaning the clinic and vacuuming the floor.

As this clinic had recently opened, all equipment had been purchased within the last six months. However, staff were aware of the need for calibration and portable appliance testing.

We were told that this clinic did not provide a chaperone service and staff had not been trained in this area. If a patient wanted a chaperone, they were advised to bring someone with them.

Staff had spoken to the owners of the building with regards to Legionella testing at the clinic. (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria.) We were told that the owners of the building deemed the risk of Legionella low due to the absence of water tanks. However, at the time of the inspection, no risk assessment had been conducted with regards to Legionella testing. We told the provider that this was an area that for further review

Risks to patients

The provider did not have a formal risk assessment detailing how emergencies would be managed. However, staff told us that they would call 999 if someone was unwell. In addition, there was always a doctor on duty during the clinic opening hours who had basic life support training. No emergency equipment was stored at the premises but staff could access a first aid kit.

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

There were adequate numbers of staff available to run the service. If a member of staff was unable to work, the provider could access trained staff from another location.

Staff had received fire training. In addition, a fire drill was carried out recently and was to be repeated every six months.

Information to deliver safe care and treatment

We saw that individual records relating to patients were stored securely in a filing cabinet. At this inspection, we saw that the identity of service users was routinely checked prior to commencing treatment. A note was made on each patient's file documenting the form of identification seen which was either a passport or driving licence. This meant that staff were assured that all patients accessing treatment were between the ages of 18 and 65 years.

Safe and appropriate use of medicines

This service prescribed Diethylpropion Hydrochloride and Phentermine. The medicines Diethylpropion Hydrochloride tablets 25mg and Phentermine modified release capsules 15mg and 30mg have product licences and the Medicine and Healthcare products Regulatory Agency (MHRA) have granted them marketing authorisations. The approved indications for these licensed products are 'for use as an anorectic agent for short term use as an adjunct to the treatment of patients with moderate to severe obesity who have not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided.' For both products short-term efficacy only has been demonstrated with regard to weight reduction.

Medicines can also be made under a manufacturers specials licence. Medicines made in this way are referred to as 'specials' and are unlicensed. MHRA guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

Are services safe?

At Albany Medical Centre, we found that patients were treated with unlicensed medicines. 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.

The use of these medicines is also not currently recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians. This means that there is not enough clinical evidence to advise using these treatments to aid weight reduction.

Medicines were stored securely and the keys to the medicines cupboard were kept under the supervision of the doctor. Medicines could only be accessed by members of staff whilst under the supervision of the same doctor.

Appropriate records were kept of the medicines. A full stock check was done at the beginning and end of each clinic session. Invoices for orders were kept for longer than two years as per requirements. The doctor told us the medicines were packed down into smaller quantities at their Sidcup clinic before being transported safely to this location. Records of signed orders and quantities received from the Sidcup clinic were documented. Medicines were packaged and labelled in accordance with legal requirements.

We reviewed 15 patient records, and were assured that no patients under the age of 18 were prescribed appetite suppressants.

The provider's prescribing guidance was to treat patients with a body mass index (BMI) above 30, or BMI above 28 with co-morbidities. Out of the 15 records we saw, 4 patients were refused treatment because they did not meet the prescribing criteria.

Patients' blood pressure was checked at each consultation before being prescribed these medicines. We did not see any patients given a treatment break as the clinic had started operating recently. However the doctor was aware that treatment breaks would be needed after 12 weeks.

We saw that the provider had a T28 waste exemption certificate from the Environment Agency. This means that unwanted or expired controlled drugs could be denatured appropriately before being disposed.

Track record on safety

Staff had a system for reporting incidents, however there had not been any incidents reported. Staff were able to explain how incidents would be dealt with. At the time of this inspection, the location had been in operation for six months.

Lessons learned and improvements made

We were told that staff at this location had regular discussions which included how the service could be improved. Staff met formally every quarter and documented what was discussed. Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. We were told about the arrangements to ensure staff at the clinic were informed of relevant patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and treatment

Each patient was seen by a doctor who established a medical history. Checks were made to establish if people were contraindicated for treatment with appetite suppressants. The doctor weighed patients, calculated BMI, and took an up to date drug history. The doctor also took a blood pressure reading. All the medical records seen confirmed that an up to date medical history was taken for each patient.

There was an explanation of the treatment supported by written information given to the patient.

We saw evidence that repeat weights and BP readings were completed at subsequent clinic visits. We saw evidence that patients were treated only with a BMI above 30 with no co-morbidities or BMI above 28 with co-morbidities. This meant that care and treatment was delivered in line with relevant and current evidence based guidance and standards. (For example: NICE guidelines: Obesity: identification, assessment and management of overweight and obesity in children, young people and adults.) Patients were asked to provide contact details for their GP surgery and give consent for the clinic to contact them.

Monitoring care and treatment

Staff told us that they had not yet completed any clinical audits to assess the effectiveness of the service provided. However, this was something that they were looking to do in the future. Of the 15 records we saw, four patients had attended the clinic for three months. On average, they had lost 4.2kg over this period. The remaining patients had attended for one appointment only.

Effective staffing

During clinic opening hours, it was staffed by a doctor, and a receptionist. The Registered Manager was often present. All staff had received appropriate training. Staff from

another clinic location could cover shifts if this was necessary. We saw evidence that one member of staff had been given the opportunity to develop. As a result, they had been promoted into their current role. Staff were given an appraisal annually. We saw that the doctor was up to date regarding revalidation with the General Medical Council. The doctor was registered with an appropriate responsible officer.

Coordinating patient care and information sharing

Patients were encouraged to consent to the sharing of information with their registered GP. Out of the 15 records we saw, no one had consented to the sharing of information with their GP. We were told that the service would contact a patient's own GP (with consent) if it was in their best interest to do so. For example, if they needed to pass any information on in relation to a patient's health.

Supporting patients to live healthier lives

Patients were provided with written information about medicines in the form of a patient information leaflet. The leaflet had information on how and when to take the medicine and the purpose of the medicine. In addition, it had information on side effects and the action to take if they occurred. Patients were also given a dietary advice leaflet which had calorie counted recipes, a calorific guide and exercise tips.

Consent to care and treatment

The written information given to patients in the medicines leaflet clarified that the treatments offered at the clinic were not licensed. However, a record of this discussion was not made in patients' medical notes.

Before treatment, the provider gave patients details of the cost of the main elements of the treatment including the cost of medicines, and further treatment or follow up if required. We saw evidence of photographic identity checks documented on patients' records.

Are services caring?

Our findings

Kindness, respect and compassion

Patients completed CQC comment cards to tell us what they thought about the service. We received nine completed cards and all were positive. We were told that the service was very good and that staff were very friendly and respectful. We were also told that the environment was calm.

Involvement in decisions about care and treatment

Information relating to treatment options and the cost of treatment was readily available on the wall at reception.

Privacy and Dignity

We saw that consultations took place in a private consultation room. This room was located next to a waiting area. Conversations could not be heard from outside the consultation room.

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 first floor of the building. The clinic consisted of a reception area, a waiting room with seats, and a consultation room. A toilet facility was available at the clinic premises. The building was not wheelchair accessible, however staff said that wheelchair users could be accommodated at other locations. Slimming and obesity management services were provided for adults from 18 to 65 years.

At this inspection, we saw that staff had received training and had information explaining what protected characteristics were. (Protected characteristics are defined in the Equality Act 2010 as including: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.)

We were told that patients who could not speak English were advised to bring someone who could translate for them.

Timely access to the service

The clinic was open for walk in and booked appointments on Wednesdays and Thursdays from 4pm – 7pm. People accessing the service could make an appointment, or they could walk into the clinic and be seen. At busier times, there was a short wait. Staff were available for telephone enquiries during the clinic opening hours.

Listening and learning from concerns and complaints

Within the clinic, there were systems for documenting incidents, and dealing with complaints. The complaints procedure was also available in the clinic waiting room. The Registered Manager dealt with complaints.

Are services well-led?

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

Our findings

Leadership capacity and capability

We saw that the Registered Manager demonstrated a clear understanding of the responsibilities involved in running a slimming clinic.

Vision and strategy

The provider had a vision for the clinic. It was hoped that eventually cosmetic treatments would be offered. Staff at the clinic met regularly and could share ideas for the development of the clinic going forward.

Culture

We were told that there was an honest and open culture within the clinic. Staff had an awareness of the requirements of the Duty of Candour. Observing the Duty of Candour means that people who use services are told when they are affected by something that goes wrong. In addition, they are given an apology, and informed of any actions taken as a result.

Governance arrangements

The provider had a total of four clinics. Staff at this location worked closely with staff at other locations to share knowledge and experience. The provider had recently updated all the policies and procedures for the clinic. We saw that staff had all signed to say that they had read the documents. The doctor took responsibility for the governance of medicines and they could only be accessed when they were on site.

Managing risks, issues and performance

The provider had systems to ensure that incidents were recorded. Staff at this location had not yet completed any weight loss audits but had planned to do so in the future. In

addition, the provider was in the process of conducting an audit into the quality of information taken over the phone. Staff were trying to find out whether the relevant questions were asked when patients called the clinic.

Appropriate and accurate information

The provider had systems in place to ensure that patients were routinely asked to give consent to the sharing of information with their GP. This meant that relevant information could be passed on appropriately to keep patients safe.

Engagement with patients, the public, staff and external partners

The provider had a system for collecting feedback from patients. There was a suggestions box located in the reception area and patients were welcome to share their views. Information would be used in future to review how the service could improve. In addition, staff met each week informally and met formally every six months. Views from staff were sought to review the potential for service developments.

Continuous improvement and innovation

We saw that staff had training updates made available to them. We also saw that staff were given appraisals regularly. In addition, staff were made to feel welcome to bring ideas forward that could help to improve and develop the service.

We saw that the views of people using the service were regularly sought after using a survey. There was a plan for the survey results to be analysed annually and used to drive improvement. In addition to this, there was a feedback box located in the reception area, and people were welcome to share their views.