

# Weight Medics Limited Richmond

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 17 November 2017 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

#### **Background**

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 Richmond is a slimming clinic located in Richmond, London. The clinic consists of a first floor reception area, a consulting room and staff offices on the second floor. It is close to Richmond rail and tube station, and local bus stops. Parking in the local area is limited.

The clinic is staffed by a receptionist, a patient care manager 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 five 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

The clinic provided slimming advice and prescribed medicines to support weight reduction. It was a private service. It was open for walk-ins or booked appointments on Tuesdays or Thursdays to Saturdays for a minimum of four hours.

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.

# 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.

The clinic had a system in place for reporting, recording and monitoring significant events and incidents. There were sufficient numbers of suitably trained and competent staff available at the clinic. The doctors and registered manager working for the service were trained in safeguarding for adults and children. The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The provider ensured that all medicines were dispensed and labelled appropriately.

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### **Are services effective?**

We found that this service was providing effective 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 an updated clinical audit to demonstrate the clinical effectiveness of the service it was providing.

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### **Are services caring?**

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

Patients told us that the clinic as excellent, always clean and that staff were supportive and flexible.

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### **Are services responsive to people's needs?**

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

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 if needed.

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### **Are services well-led?**

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

Staff at the clinic had appropriate arrangements to ensure good governance. Audits were conducted and the findings were used to drive improvement. Any learning was shared with all staff and the provider had a vision and strategy for the service being provided.

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# Richmond

## Detailed findings

### Background to this inspection

We carried out this inspection on 17 November 2017. 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 also 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, a patient care manager (the registered manager) and one doctor. There was also a nutritionist that patients were referred to who was not directly employed by the service. Staff from another clinic location 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 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 twice a week. We saw records of this activity.

We saw evidence that the weighing scales and blood pressure monitor were cleaned and calibrated on a regular basis.

### 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 available. 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 Tuesday. In addition, there was a practice fire evacuation every six months.

### Information to deliver safe care and treatment

Individual 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

At Weight Medics Richmond people who used the service were being prescribed the appetite suppressants 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 special 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

# Are services safe?

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.

At Weight Medics Richmond 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 British National Formulary states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines are 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.

People could also purchase the medicine orlistat which blocks fat absorption. 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, Richmond had a Medicines Management Procedure and we saw that staff were 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.

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 was 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 service'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 appetite suppressants. 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 30 kg/m<sup>2</sup>. Patients were asked to complete their GP information and give consent for the clinic to contact them.

### 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 implementing an updated one.

### 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 most 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.

### 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 and Diethylpropion were unlicensed but produced under a special 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 had frosted glass 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.



# 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. It consisted of a reception area with seats, a first floor consultation room, and a second floor 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: Tuesdays (11am-3pm and 5pm-7pm), Thursdays and Fridays (11am - 7pm) and Saturday (10am - 3pm).

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 Spanish, French and Portuguese speaking patients accessed the clinic. Staff who spoke those languages were able to communicate with those groups of patients.

### Timely access to the service

The clinic was open four 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. This was also included the 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 and culture

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

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 two of the fully operational sites. One of the doctors who worked at the clinic was also the medical director. 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 GP consent to be obtained and clearer explanation needed to patients on the unlicensed use of medicines. 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.