Albany Medical Centre

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	Good
Are services safe?	Good
Are services effective?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection October 2022 – Requires improvement)

As a focused inspection, the key questions we inspected and rated are:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We did not inspect the key questions of caring and responsive because our monitoring did not indicate a change of either rating since the last inspection. The ratings from the last inspection have been carried forward:

Are services caring? – Good

Are services responsive? – Good

We carried out an unannounced focused inspection at Albany Medical Centre on 25 July 2023, to follow up on breaches of regulations.

CQC inspected the service on 14 October 2022 and asked the provider to make improvements regarding:

- The care and treatment of patients.
- The governance systems and processes.

We checked these areas as part of this focused inspection and found they had been resolved.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the previous inspection Albany Medical Centre provided a range of non-surgical cosmetic interventions, for example cosmetic injections and laser hair removal which are not within CQC scope of registration. Since the previous inspection the service has ceased to offer these services. Therefore, we did not inspect, or report on these services.

The clinic 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.

Our key findings were:

- The service kept records of potential patients who were deemed unsuitable for treatment. These records were reviewed to ensure that the screening process was effective.
- The clinic was clean and tidy.
- Processes to ensure the safe and effective delivery of care were effective.
- Clinical review included the monitoring of the effectiveness of treatments offered.
- Learning from clinical review at individual locations was shared across the service.

Overall summary

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.

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Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a member of the CQC medicines team. The team included another member of the CQC medicines team.

Background to Albany Medical Centre

Albany Medical Centre is a private slimming clinic for adults only, located in Sidcup, South East London. The clinic consists of a reception and two consulting rooms which are located on the ground floor. The clinic was staffed by a clinic manager, two male doctors, and two female clinic assistants who also acted as receptionists. The clinic provides slimming advice and prescribes medicines to support weight reduction. It was open for booked appointments on Tuesdays and Fridays 10:30am to 7pm and Saturdays 10:30am to 1pm. Patients could walk in on Mondays, Wednesdays and Thursdays to book clinic appointments. Patients could also be weighed and have their blood pressure readings taken. However, they could not be supplied medicines at these times as the doctors were not available. The provider operates 3 other slimming clinics; 1 in Inner London and 2 in Wales. All 4 clinics are registered by the relevant regulators.

How we inspected this service

Prior to the inspection we reviewed information about this service and other services operated by this provider, including the previous inspection report and information from the provider. During the inspection we spoke to the registered manager, clinic staff and reviewed a range of 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?

Good

Are services safe?

We rated safe as Good because:

Systems and processes ensured care was delivered in a safe way. Since our last inspection previous concerns relating to the level of detail within the medical records and updating patients' medical history had improved,

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to 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 service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 for all staff in line with the service's 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. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. The service had undertaken a Legionella risk assessment and implemented any necessary actions. (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 manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The need for medicines and equipment to deal with medical emergencies had been risk assessed and were not required.
- There were appropriate indemnity arrangements in place. Doctors working in the service had suitable insurance arrangements to cover their professional practice and there was public liability cover.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Since the previous inspection the patient record had been redesigned. Patients were also asked to bring to their appointment either a summary copy of their GP record or via the NHS app show the clinic clinician their GP summary. The rationale for prescribing more than one month's supply of medicines was recorded in the patient's records.

Good

Are services safe?

- 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 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.

- The systems and arrangements for managing medicines, including controlled drugs, and equipment minimised risks.
- Since the previous inspection the service carried out regular medicines clinical reviews to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed some schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence). Since the previous inspection these were managed in line with guidance. When more than 1 month's treatment was prescribed, a record of the rationale was recorded.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Since the previous inspection patient records contained details where patients were advised to see their GP or sign posted to seek further medical advice. Blood pressure readings were now recorded for most appointments. Where an initial blood pressure reading of concern was recorded, the blood pressure reading was repeated to check the blood pressure.
- The medicines this service prescribed for weight loss were 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. For example, fire prevention and evacuation and managing the risk of legionella.
- 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.
- 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 in the service. There had not been any incidents since the last inspection, but staff were able to tell us how learning opportunities would be shared to improve safety in the service.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

Systems and processes ensured care was delivered in an effective way. Since our last inspection previous concerns with the level of detail contained within the medical records had improved. Also, the service had reviewed the effectiveness of the treatments they offered.

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 and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Since the last inspection the clinical records contained more detail concerning the consultation and advice provided.
- Clinicians had enough information to make or confirm a diagnosis. Since the last inspection patients were asked to obtain a paper summary of their GP record or allow the clinician to review their GP summary via the NHS app at their appointments.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were generally seen monthly, whilst weight loss targets were set over longer time periods.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Since the previous inspection two clinical reviews has been undertaken looking at the percentage of weight loss achieved, and the side effects patients described to staff during appointments. The results of these reviews were discussed by the clinicians across all the service's locations. The service made improvements through the use of clinical reviews. Clinical review had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. Most patients achieved 5% or more weight loss. Processes were being developed to follow up patients identified during the clinical review who were not achieving a weight loss of 5% or more.

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 (GMC) and were up to date with revalidation.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated with, other services when patients had given consent.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Since the previous inspection the practice had introduced processes that allow the doctors to see the patient's GP record either via the NHS app or a paper copy of their GP summary.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Staff told us following the redesign of the patient history form, more patients were consenting for the service to contact their GP.

Good

Are services effective?

- Staff told us risk factors were identified, highlighted to patients, and if the patient had consented were appropriately highlighted to their normal care provider. Staff told us patients not suitable for treatment were referred to their own GPs. For example, due to their blood pressure readings or thyroid conditions so that this could be further assessed and treated. Once these risk factors were under control the service would reassess their suitability for treatment.

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.

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.

Good

Are services well-led?

We rated well-led as Good because:

Systems or processes to assess, monitor and improve the quality and safety of the services being provided were effective. Since the last inspection the service had undertaken clinical reviews of the quality and completeness of medical records, their adherence to updated guidance, the effectiveness of treatment plans or that consent was appropriately obtained and patient satisfaction.

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 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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.
- 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Good

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.

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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical reviews had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

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.
- The service used performance information which was reported and monitored. Management and staff were held to account.
- 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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture. For example, a patient survey had been undertaken to assess the current face to face service and the potential interest in remote consultations.
- Staff could describe to us the systems in place to give feedback.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.

Good

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement by the clinical reviews and patient survey.