Richmond

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?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This service is rated as Good overall. (Previous inspection November 2017 – Not rated.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Richmond under Section 60 of the Health and Social Care Act (HSCA) 2008 as part of our regulatory functions. This was part of our inspection programme to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to rate the service.

Richmond provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. The operations manager who is also a registered nurse 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. We received two completed CQC comments cards from patients to tell us what they thought about the service.

Our key findings were:

•Patients at the clinic could access a range of services to assist with weight loss.

•The records kept of discussions conducted with patients was good.

•The systems for monitoring medicines fridge temperatures did not provide assurance that medicines stored in the fridge were safe to use.

The area where the provider **must** make improvements as they are in breach of regulations is:

• Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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.

•Review arrangements to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

•Review calibration processes for all weighing scales.

•Review the system for the management of patient safety alerts when the registered manager is away.

•Review the records kept to provide assurance that staff have received chaperone training.

•Review the need to complete a full clinical audit cycle to demonstrate the clinical effectiveness of the service being provided.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Richmond

Richmond is a slimming clinic that is part of the Weight medics chain of clinics, and is located in Richmond, South West London. There are a total of three registered locations, two of which have registered satellite locations. All locations have been previously inspected, but not rated. The previous inspection report for this location was viewed in preparation for this inspection.

The clinic consists of a first floor reception area and consulting room and staff offices on the second floor. It is very close to Richmond rail and underground station, and local bus stops. Parking in the local area is limited. The service is open all day on Tuesdays, and for half days on Thursdays, Fridays, and Saturdays.

The clinic is staffed by a receptionist, a patient care manager and a doctor. There are staff based at other locations that can also cover shifts at this clinic. If for any reason a shift is not filled by one of the regular doctors, there are a number of 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.

How we inspected this service

In addition to this site, there are two satellite branches that are registered under this location with the Care Quality Commission. All patient care documents relating to the satellites are stored at Richmond. Therefore, we did not visit them as part of this inspection.

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.

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

Systems and processes did not ensure care was delivered in a safe way. There were no records of the minimum and maximum temperatures kept for the medicine fridge. In addition, we saw that there was a build of ice in some parts of the fridge.

The patient records did not clearly detail all the information needed.

(See full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

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 including locums. 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.

•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 where required. (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. Staff who acted as chaperones were trained for the role and had received a DBS check. The provider had developed a training package to ensure that their staff were equipped with the skills to act as chaperones. However, there were no records kept to provide evidence that staff had completed this training. There was an effective system to manage infection prevention and control. A legionella risk assessment had also been conducted. (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. However, we saw that there was a weighing scale in the consultation room that had not been calibrated. We were told that it was not in use and during the inspection the provider placed it somewhere else. There were systems for safely managing healthcare waste.

•The provider carried out appropriate environmental risk assessments, which took into account 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.

•There was an effective induction system for staff tailored to their role.

•Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. This information was included in the clinic policies. There was always a doctor present when the clinic was open.

•There was a first aid kit kept on site. There were no other items for emergency use and there was an appropriate risk assessment to inform this decision.

•The doctors and the provider had appropriate professional indemnity arrangements in place to cover the activities at the clinic.

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.

•Records of consultations were fully documented and included information on treatment options discussed with patients.

Requires improvement

Are services safe?

•We saw that prescribers sometimes used abbreviations when they were prescribing medicines. Whilst a key was available to interpret what was prescribed, abbreviations are not in line with best practice in prescription writing.

•The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

•The service did not have a formal 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.

•We saw that clinicians refused treatment in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

•The systems and arrangements for managing medicines, including controlled drugs, did not minimise risks. Staff did not have an effective system to ensure that medicines requiring refrigerated storage were maintained within their recommended temperature range. This was because the fridge temperature readings were not being managed appropriately. Staff were not recording the minimum and maximum fridge temperatures. In addition, we saw that a section of the fridge where medicines were stored had frozen.

•Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and the providers guidelines. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from the clinic prescribing policy, we did not see that records were made to support the rationale for treatment.

•There were effective protocols for verifying the identity of patients.

•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 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'.

•The service prescribed Schedule 3 controlled drugs (medicines that have additional controls due to their risk of misuse and dependence) and had appropriate storage arrangements and records.

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, there was a risk assessment relating to manual handling.

•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. Information relating to incidents that took place at other locations were reviewed at provider level. The service learned and shared lessons at provider level, identified themes and took action to improve safety in the service. For example, the patient medical record cards had been redesigned to assist staff in completing it in its entirety.

•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 apology.

•They kept written records of verbal interactions.

Requires improvement

Are services safe?

•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 including sessional staff.

•We saw evidence that the registered manager was signed up to receive patient safety alerts by email. However, there was no back up system to ensure the receipt of medicines alerts when the registered manager was on leave.

Good

Are services effective?

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 did not assess and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

•The service had a policy on the prescribing of medicines for obesity. However, out of 10 records, we saw two occasions where treatment deviated from this policy. One patient was treated with a body mass index (BMI) of 29, without the presence of co-morbidities. Another patient was treated with a BMI of 25 and did not have a waist circumference measurement recorded as per the clinic protocol.

•Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, physical health and specific questions on mental health and eating disorders.

•A target weight was discussed and recorded.

•Clinicians had enough information to make or confirm a diagnosis.

•We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

•The service used information about care and treatment to make improvements. For example, the registered manager conducted a review of weight loss in a sample of clients. However, this review did not constitute a full clinical audit cycle.

•The lead medical director conducted an annual review of prescribing with each doctor and provided feedback to them. Clinic staff also conducted ad-hoc reviews of prescribing, but this was not formalised.

•Administrative staff conducted a review of the patient medical record cards to see if they had been completed correctly. The review found that staff need to ensure that the blood pressure and past medical history were rechecked each quarter. These findings were shared with other clinic staff so that improvements could be implemented.

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.

•The clinic was staffed by a doctor, a receptionist and a patient care manager who went through treatment options with patients.

•Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

•The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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. Patient care managers ensured that care was co-ordinated effectively within the service. Staff referred to, and communicated effectively with, other services when appropriate.

•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.

•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.

•The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw an example of a template letter that could be sent to the registered GP in line with GMC guidance.

•Staff told us that patient information was shared appropriately. This included when patients were referred to other professional services.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and

accessible way. There were clear and effective arrangements for following up on a treatment plan. For example, those prescribed an injection for weight loss were contacted on day three, and again on day seven.

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. We saw that the clinic had a variety of weight loss products and diet leaflets available.

•Risk factors were identified and highlighted to patients. For example, the side effects of the prescribed medicines were explained, and people were given patient information leaflets.

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.

•The consent form was comprehensive and included information on:

oThe unlicensed nature of treatment.

oSide effects.

oCommitting to a three-month programme.

oOptions if appetite suppressants were not suitable.

oPregnancy and breast-feeding.

•Staff supported patients to make decisions. A patient care manager went through treatment options and costs during the first clinic appointment. Where appropriate, staff assessed and recorded a patient's mental capacity to make a decision.

•The service monitored the process for seeking consent appropriately.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

•The service sought feedback from patients.

•Feedback from patients was positive about the way staff treat people.

•Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

•The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

•A patient care manager empowered patients to make decisions on which services they would like from the clinic.

•As the clinic had staff that could speak Spanish and Portuguese, they acted as translators for patients. If a patient did not speak English as a first language, they were advised to bring a friend to translate for them. However, there was not a formal system for accessing translation services.

Privacy and Dignity

The service respected patients' privacy and dignity.

•Staff recognised the importance of people's dignity and respect.

•All consultations took place in a dedicated room with a solid door that could be closed.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

•The provider understood the needs of their patients and improved services in response to those needs. For example, the provider had employed a nutritionist as a result of the demand for this service to be provided by the clinic.

•The facilities and premises were appropriate for the services delivered. If a patient was unable to access the clinic due to the lack of step-free access, staff directed them to another clinic.

•Reasonable adjustments had been made to support equal access to the service. For example, staff had magnifying glasses for people with poor eyesight. There was also a hearing aid loop available.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

•Patients had timely access to initial assessment and treatment.

•The clinic provided a walk-in service. Clients often called ahead of coming to the clinic which enabled the receptionist to access their medical records in preparation.

•Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

•Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

•The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

•The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient had complained that the wording on a pricing document was misleading. As a result of this, the clinic had changed the wording to make it clearer.

Good

Are services well-led?

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 at all levels 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 strong vision for the future of the clinic. 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. We saw that the vision for the clinic was discussed regularly with staff.

•The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

•Staff told us that they felt respected, supported and valued. They were proud to work for the service.

•The service focused on the needs of patients.

•Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence of this had been recorded.

•Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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. We saw an example of emails where staff were asked for feedback and were encouraged to voice any concerns.

•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.

•There was a strong emphasis on the safety and well-being of all staff.

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 medical director chaired a biannual meeting which was attended by all the doctors that worked at the clinic. Managerial staff were also in attendance.

•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. An incident had highlighted that doctors had not always recorded the batch numbers of medicines given to patients. As a result, staff had taken action to improve this.

•The medical director reviewed a sample of medical records each quarter. In addition to this, the medical director met with each doctor to conduct an annual appraisal. Prescribing decisions were reviewed during these meetings.

Good

Are services well-led?

•Leaders had oversight of safety alerts, incidents, and complaints. These were discussed in staff meetings to ensure that learning was shared.

•However, clinical reviews did not have a positive impact on quality of care and outcomes for patients. There was no 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.

•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 the public, patients, and staff and acted on them to shape services and culture.

•Staff could describe to us the systems in place to give feedback. For example, patient feedback was regularly sought via text message. We saw evidence that this feedback was reviewed and acted on where applicable.

•We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings as this was documented.

Continuous improvement and innovation

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

•There was a focus on continuous learning and improvement. The doctors were given a presentation on functional medicine and how it can be used in weight loss.

•The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

•There were systems to support improvement and innovation work. For example, the clinic was looking into the possibility of offering a new weight loss injection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Services in Slimming Clinics	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have an effective system and process to ensure medicines requiring storage in a fridge were maintained within their recommended temperature range. Care and treatment was not assessed and delivered in line with current legislation, standards and guidance (relevant to this service). Clinicians did not make records to support prescribing decisions when they differed from clinic procedures (in line with the clinic's prescribing policies). This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.