

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Harmony Medical Diet Clinic in Bedford

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Harmony (Your Gentle Way To Slim) Limited
Overview of the service	Harmony Medical Diet Clinic in Bedford is an independent doctors' treatment and consultation service. The one doctor at the service has a focus of interest in diet, obesity and weight loss management and provides privately funded doctors' consultation and treatment to adults aged 18 years and older.
Type of service	Doctors consultation service
Regulated activity	Services in slimming clinics

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The people we spoke with said they were provided with useful information and received full explanations and advice on their care and treatment at Harmony Medical Diet Clinic in Bedford. They said they felt involved in the discussions and decisions made around their care. They told us they had no concerns about the doctor who was pleasant and attentive and appeared competent. The people we spoke with said they had no concerns about the service but knew how to complain if they needed to.

During our visit we found people's contribution to decision making about their care to be documented. We found that each individual had their medical history and any risk factors specific to them reviewed and recorded. A full appointment history/chronology of treatment was recorded for each individual. We found that the doctor was appropriately registered and maintaining some form of continuing professional development relevant to his role.

We found that people had a variety of methods available for them to share their views and opinions about the service. However, we found there were no appropriate arrangements in place to ensure the doctor received training, supervision and appraisal.

One person said of her visit to Harmony Medical Diet Clinic in Bedford: "It's absolutely worthwhile using this service. I've been using it for years." Another person said: "The doctor went through every aspect of the treatment and I totally understood everything that was explained."

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 19 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. During our visit we looked at a variety of information sheets and leaflets available in the doctor's consultation room. This included the information leaflets to accompany the appetite suppressant medications used at the service and information and advice on the dietary process. One of the information sheets explained that the appetite suppressants offered by the doctor were not used by the NHS or recommended by the National Institute for Health and Clinical Excellence (NICE) or Royal College of Physicians (RCP) for the treatment and management of obesity. The doctor's decision to treat people with a body mass index (BMI) of 23 or higher (contrary to NICE guidance) was also explained.

We were able to speak with four people using the service on the day of our visit. They told us they had been given all the information on their first consultation with the doctor and found it useful. They said that during their appointments the doctor had also provided a lot of information for them including a full explanation and advice on their care and treatment and on the unlicensed appetite suppressants used.

People expressed their views and were involved in making decisions about their care and treatment. The people we spoke with said they were able to make their own informed decisions based on the advice they received from the doctor. They told us they were able to ask questions of the doctor which they felt were always answered satisfactorily. One person said: "I've felt involved in the discussions and I've been able to ask anything I've wanted to and have been satisfied with the response." Another person said: "I feel I've been made sufficiently aware of the risks of the unlicensed pills I'm using."

We looked at the electronic patient records maintained by the doctor which contained examples of the choices and wishes expressed by each individual. This included their reasons for requesting more than the standard four weeks of treatment at any one time. We also looked at the medical information declarations completed by two people using the service for the first time on the day of our visit. In both cases the individuals had signed

their understanding of and consent to the requirements of the treatment and the explanation provided on the appetite suppressants used.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The people we spoke with said they had been asked for their medical histories when attending the service for the first time. This included details on allergies and current medications. They said that during their appointments the doctor had reviewed the information with them. One person said: "I was asked about my medical history on my first visit and I had to sign that." Another person summarised what all the people we spoke with told us by saying: "He takes my weight and blood pressure on every visit and asks how I'm getting on with the medication including if I'm experiencing side effects."

We looked at the electronic patient records maintained by the doctor. A full appointment history/chronology of treatment was recorded for each individual. This included their weight, blood pressure, the appetite suppressant taken and quantity provided. Risk factors specific to each individual such as exercise levels, smoking and drinking habits were also recorded. We also looked at the medical information declarations completed by two people using the service for the first time on the day of our visit. We saw that both declarations contained each individual's medical history including any allergies they experienced or medications they were taking.

We spoke with the doctor who was knowledgeable about his role and responsibilities in familiarising himself with people's medical details and needs and the actions required to meet and record the provision of those needs. He also described the criteria used for refusing treatment including, but not limited to, those under the age of 18 years old, those taking anti-depressant medication, or those with a BMI lower than 23. He told us that if an individual's standard of English was not sufficient to understand the process, he insisted they return with an interpreter before being seen in his clinic.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people we spoke with said they had no concerns about their safety at Harmony Medical Diet Clinic in Bedford. They said they had no concerns about the behaviour of the doctor who was pleasant, attentive and respectful. During our visit we observed the doctor being friendly, professional and respectful towards people.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with the doctor who was knowledgeable about forms of abuse, how to identify abuse and in the requirements of the Mental Capacity Act (2005). The provider may find it useful to note that the doctor had received no safeguarding training and had no understanding of his responsibility to notify the safeguarding team at the local authority, the Care Quality Commission (CQC) and the police if necessary of any allegations of abuse or incidents of suspected abuse. However, during our conversation with him he told us that he would recommend to anyone he suspected was experiencing abuse of any kind that they contact their GP and the police immediately.

We also spoke with the doctor about any further prevention measures in place at Harmony Medical Diet Clinic in Bedford to protect vulnerable people from abuse. He told us he had completed a Criminal Records Bureau (CRB) check. He also said that he would only see people aged 18 years or older at the clinic.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

There was a risk that people would not receive care and treatment safely and to an appropriate standard because the provider did not have suitable arrangements in place in order to ensure the doctor was supported by receiving appropriate training, supervision and appraisal (Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). However, we found the doctor was completing some continuing professional development.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The people we spoke with said they felt the doctor at Harmony Medical Diet Clinic in Bedford appeared competent and qualified. One person said of the doctor: "He appears to know what he's doing and is very competent. If he thinks you can't have the medications he'll tell you."

We spoke with the doctor at the service who told us that after arriving in the United Kingdom he spent five months working for a GP practice. He said he started his own diet clinic in 1990 and had continued ever since. He told us he was registered and licensed with the General Medical Council (GMC). He said he did not receive clinical audit or peer review (supervision and appraisal) as there was no other doctor as experienced in his focus of interest to complete it for him. This included other members of the Obesity Management Association (OMA) of which he said he was a full member. This meant there were no suitable arrangements in place for the doctor to receive supervision and appraisal.

We checked the doctor's documentation. We saw that he had a certificate of registration with the GMC and held a state diploma as a doctor of medicine from the University of Paris VII (seven). We saw he displayed a certificate of full membership of the Obesity Management Association dated 1 January 2008 in his consultation room. We checked his registration details with the GMC and found he was registered with a licence to practise at the time of our visit. We also spoke with the GMC about the Obesity Management Association. They told us their records showed the OMA was linked to an organisation called Weight Medics which was on their approved list of revalidation organisations.

The doctor provided us with examples of how he was maintaining and updating his skills including a log of 76.5 hours of continuing professional development for the 12 months to January 2013. All of the continuing professional development was from reading articles and published research from journals such as the International Journal of Obesity and

European Journal of Clinical Nutrition. We saw that he obtained these through a web based subscription service. We asked the doctor about any training or courses he had attended relevant to his focus of interest. He told us he did not attend any training or courses. This meant there were no suitable arrangements in place for the doctor to receive appropriate training.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment. Two of the people we spoke with told us they had been provided with feedback questionnaires which they had completed and returned. The other two people said they couldn't remember if they had seen one or not. We looked at the results of the 41 completed questionnaires received by the doctor in 2012. When asked if the doctor had explained their treatment in a way they could understand and if they'd been given enough information about the medicine and how to use it, 100% of people responded positively. When asked if they were satisfied with the effects of the medicine and prescribed diet, 98% responded positively. Overall, 98% of respondents were satisfied with Harmony Medical Diet Clinic in Bedford.

We spoke with the doctor about how he responded to people's views on the service. He told us that as a privately funded service, if people were not satisfied with their treatment they would not come back. On that basis, he did not progress any further than reviewing and recording the results of the feedback questionnaires.

During our visit we found that a complaints procedure was detailed in the patient guide information sheet available in the doctor's consultation room. All of the people we spoke with said they had no concerns or complaints they wished to raise about the service, but knew how to do so if they needed to. They said they had the doctor's telephone number and could contact him at any time if there was anything they needed to discuss or clarify. One person summarised the view of the people we spoke with saying: "I can phone him whenever I need to. He always answers." We spoke with the doctor who told us that no-one had ever raised a concern or complaint with him.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Services in slimming clinics	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
	Supporting workers How the regulation was not being met: There was a risk that people would not receive care and treatment safely and to an appropriate standard because the provider did not have suitable arrangements in place in order to ensure the doctor was supported by receiving appropriate training, supervision and appraisal (Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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