

*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 Wood Green

Express Pharmacy, 214 High Road, Wood Green,  
London, N22 8HH

Tel: 07973641649

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ 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 Wood Green Slimming Clinic is a private clinic providing a walk-in consultation and slimming service for persons aged 18 years and over.
Type of service	Doctors consultation service
Regulated activity	Services in slimming clinics

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## Summary of this inspection

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Harmony Medical Diet Clinic in Wood Green, looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2012 and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We talked to one person who used the service. They said that they had been recommended to the doctor. They told us that they completed a medical form and were given a letter to take to their GP describing the consultation. They said that they found the consultation helpful and that they received a prescription for medicines and were going to come back in a week's time to be weighed and to see if the medicines were of benefit.

We found that people were supplied with information about the medications the clinic was using and signed to consent to their use. The information noted that the medications were not recommended by NICE (National Institute for Health and Clinical Excellence) for the treatment and management of obesity.

We found that the doctor was treating people with a BMI (body mass index) over 23. NICE Guidance states that only patients with a BMI of over 28 should be treated, but there was evidence the doctor had consulted with the General Medical Council to discuss the rationale of treating a lower body mass index.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

When we visited on 26 July 2011 we found that the clinic was non-compliant because the information provided by the doctor did not include an explanation of the licensing arrangements for appetite suppressants. As a result patients were not aware of all the risks involved in taking the appetite suppressants provided by the clinic and could not therefore make fully informed decisions about accepting the treatment.

This time we found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The doctor told us that patients were able to make informed decisions following the advice and guidance he gave them. People who were unable to give consent or choose to withhold consent were not accepted for treatment.

The doctor provided written information to patients, including the cost of the service and side effects they might experience. The information included an explanation of the licensing arrangements for the appetite suppressant medications used. Patients signed a consent form to indicate they had read this information. When we spoke to a person using the service they told us they had signed a consent form.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The doctor told us that each person was weighed at every clinic. They informed us that their usual procedure was to see clients every two to four weeks, adding that some people attended the clinic less frequently if they lived at a distance or if they were working. On attending the clinic, people completed a medical information form. Every patient was weighed, their blood pressure was measured and their BMI (Body Mass Index) measurement was taken at the first visit. People continued to be weighed and had their blood pressure taken at every visit. We looked at electronic records the doctor kept, which were updated after a person visited. These included the person's body mass index and we saw from the 30 records we looked at that two people had a body mass index of under 25. The NICE (National Institute for Health and Clinical Excellence) Guidance stated that only patients with a body mass index of over 28 should be treated, but there was evidence that the doctor had consulted with the General Medical Council to discuss the rationale of treating a lower body mass index.

When we looked at the records of people using the service it was evident that information on any other medications and health conditions of patients was being recorded.

## Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

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### Our judgement

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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### Reasons for our judgement

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People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. We saw evidence that the doctor had a form for people to complete to give to their GP. The doctor told us that most people decided not to complete this.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

The provider had the appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of medicines.

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## **Reasons for our judgement**

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Medicines were kept safely in the possession of the prescribing doctor. We checked how medicines were ordered, received, stored, packaged and supplied to patients. Medicines were securely stored, with access limited to only the doctor. No medicines including pre-packs were stored in the consultation room if the doctor was not consulting. The doctor showed us how medicines were repackaged during the consultation into suitable labelled containers. There were records for the ordering, receipt, prescription and supply of medicines. The clinic had a standard operating procedure for controlled drugs. The consultation room was within a registered pharmacy and returned medicines that were not suitable for use could be disposed of in accordance with controlled drugs legislation.

The provider prescribed two medicines, which were both appetite suppressants. These medicines were not recommended for the treatment and management of obesity by the National Institute for Health and Clinical Excellence (NICE) or the Royal College of Physicians. The British National Formulary stated that the appetite suppressants were central stimulants that were not recommended for the treatment of obesity.

We saw leaflets that were given to patients describing the medicine and its side effects and also telling people that the medicines were not being prescribed according to current guidance.

Each person had completed a written medical questionnaire which they signed and there was written documentation that contained a record of any medicines that had been supplied.

We looked at the electronic records, which included stock records comprising issues, receipts and a running balance of current stock levels of the medicines and there were audits carried out to check their accuracy.



## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment. We saw evidence that the doctor had a feedback questionnaire asking people about their experience of care. The doctor told us he was monitoring the responses to these on an ongoing basis. We saw the collated results for 2011. These showed that most people were happy with the treatment they had received. We noted that 100% of people had answered 'yes' to questions about information provision and the satisfaction with the clinic.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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