

Slim Holdings Limited

# National Slimming & Cosmetic Clinics

## Inspection report

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## Overall summary

We carried out a focussed inspection on 7 November 2018 to ask the service the following key question; Is the service well-led?

### **Our findings were:**

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

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC previously inspected this service on the 20 February 2018 and asked the provider to make improvements regarding the well led aspect of the service. We checked this as part of this focussed inspection and found that this had been resolved.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction. At National Slimming

and Cosmetic Clinics – Hounslow the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for weight reduction but not the aesthetic cosmetic 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 provider had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The provider had appropriate training records to evidence that staff had the necessary skills and competence to carry out their roles.
- The provider provided evidence of regular appraisals for all staff working in the service.

There were areas where the provider could make improvements and should:

# Summary of findings

- Continue to review the need for chaperoning at the service .

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

# National Slimming & Cosmetic Clinics

## Detailed findings

### Background to this inspection

National Slimming and Cosmetic Clinics – Hounslow is a private slimming clinic. The clinic is on the third floor accessed by stairs. The clinic is comprised of a reception area and two consulting rooms. The clinic was open on Monday from 3.30pm to 6.30pm, Tuesday Wednesday and Friday from 10am to 2pm and Saturday from 9.30am to 1pm. The clinic was closed on Thursday and Sunday. The clinic provides advice on weight loss and prescribed medicines to support weight reduction.

We undertook a focussed inspection of National Slimming & Cosmetic Clinics Hounslow on 7 November 2018. This was because the service had been identified as not

meeting legal requirements and regulations associated with the Health and Social Care Act 2008 during our inspection on 20 February 2018. The regulatory requirements the provider needs to meet are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that one of these requirements had not been adhered to. Specifically:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Our inspection team was led by a member of the CQC medicines team. The team also included another member of the CQC medicines team. We looked at records from the provider on the day of inspection.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### **Leadership capacity and capability;**

At the last inspection on 20 February 2018, we found that the registered manager was not currently working in the service. The clinic manager was in the process of becoming the registered manager. However CQC had not been informed of this change. During this inspection, we saw evidence that the registered manager was currently working in the service and the clinic manager had completed the process of becoming the registered manager. This showed that leaders were knowledgeable about issues and priorities relating to the quality and future of services and they understood the challenges and were addressing them.

### **Vision and strategy**

At the last inspection on 20 February 2018, we found that there was no documented vision or strategy in place for the service. At this inspection we found that there was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. For example, the service said 'it strived to be acknowledged by its patients, suppliers and regulators as the leader in medically supervised weight management'. Staff were aware of and understood the vision, values and strategy and their role in achieving them

### **Governance arrangements**

At the last inspection on 20 February 2018, we found areas of concern with the governance arrangements. During the inspection the service was unable to show complete records of training and induction for all staff members. The provider was unable to show records of some staff members completing the required levels of safeguarding training. No records were available for the locum doctor.

During this inspection, we found that there were clear systems and processes to support good governance and management. For example:

- Staff received appropriate induction and training, and we saw the evidence for this. Staff felt they were treated equally.
- We saw evidence of staff records which confirmed they had completed the required levels of safeguarding training.

We saw evidence of checks that had been undertaken for temporary staff such as locum doctors working at the service.

### **Managing risks, issues and performance**

At the last inspection on 20 February 2018, we found that the service policy was to conduct annual appraisals. However during our inspection staff were not able to show records of appraisals dated beyond 2016.

During this inspection, we found that there were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year and clinical staff were supported to meet the requirements of professional revalidation where necessary.

Since the last inspection the provider had introduced a temperature monitoring form for the fridge and we saw that it was completed accurately each day the clinic was open and the appropriate temperature was maintained. This ensured that these types of medicines were stored safely and appropriately in accordance with their manufacturer's instructions.