

Southern Slimming and Cosmetic Clinics Limited

National Slimming & Cosmetic Clinics

Inspection report

Office 2T,
Southgate House,
88 Town square,
Basildon,
Essex
SS14 1BN

Tel: 08009179334

Website: <http://www.nscclinics.co.uk>

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Overall summary

We carried out an announced comprehensive inspection on 9 November 2017 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

Background

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.

National Slimming and Cosmetic Clinics- Basildon is a private slimming clinic for adults. The service operates from a consulting room and separate reception area at Southgate House in Basildon. A toilet facility was available within the building. The clinic was open on Tuesday from 10 am to 1pm, Thursday from 2pm to 6pm and Saturday 9.30am to 12.30pm. There was a receptionist, a manager and two part-time doctors. Patients were able to book or walk-in and wait for appointment.

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

Summary of findings

practitioner, including the prescribing of medicines for the purposes of weight reduction. At National Slimming and Cosmetic Clinic-Basildon, 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.

There was a registered manager at the time of our inspection, however the provider had recently, started the process of changing 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. In future, this would be the clinic manager.

19 patients completed CQC comment cards and we spoke to three patients during the inspection. All of the comments were positive, about the friendly, caring, understanding and supportive staff and the cleanliness of the environment.

Our key findings were:

- We found that feedback from patients was very positive about the caring, supportive, and understanding staff.
- The provider had comprehensive policies and procedures in place.
- There were areas where the provider could make improvements and should:
- Review the process to ensure all staff have completed safeguarding training in accordance with national guidance.
- Review the need for Legionella's disease risk assessment in the rest of the building, where the clinic is situated and patients have access.
- Review the recommended calibration requirements of the glucose testing machines used in the clinic.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

However, we found areas where improvements should be made relating to safe provision of treatment. This was because the provider did not have the following:

A sufficiently robust process to ensure all staff have completed safeguarding training in accordance with national guidance.

There was no review provided regarding the building risk assessment for Legionella's disease where patients had access to some of these facilities.

The glucose testing machines, used to determine patient's suitability for treatment, had not been calibrated in line with manufacturer's recommendations.

However, we found that the consulting room was private and confidential and that the premises and equipment were clean and properly maintained. Medicines prescribed by the General Medicine Council registered doctors were stored safely and securely.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

The doctor discussed the treatments available to the patient and discussed possible side effects of the treatment. The clinic requested patients' GP details and provided with them with a letter to pass onto their GP with information regarding their treatment. Patients were provided with a patient information leaflet with appropriate written information about the prescribed medicines.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

19 patients completed CQC comment cards. All were positive about the caring, supportive, considerate and understanding staff at the clinic. A positive comment was made about the non-judgmental attitude of clinic staff.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

The provider had a complaints policy in place, and information on how patients could comment or complain was included in the provider's patient guide. The clinic carried out a six monthly client satisfaction survey, which was then reviewed.

Are services well-led?

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

There were policies and procedures in place and governance arrangements to monitor the service. Staff were aware of the need to be open and transparent, particularly if things went wrong and all staff interviewed discussed the requirements of the clinic's duty of candour.

National Slimming & Cosmetic Clinics

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at National Slimming and Cosmetic Clinic Basildon on 9 November 2017. The inspection was led by a CQC Pharmacist Specialist accompanied by a second Pharmacist Specialist.

Before visiting the clinic, we looked at the notifications received and information submitted to us in response to our provider information request.

The methods used during the inspection included talking to patients using the service, interviewing staff, reviewing documents and observing.

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.

Are services safe?

Our findings

Safety systems and processes

There was a safeguarding policy in place, which included the contact details for safeguarding leads at the local authority. Staff could describe how to identify issues and were clear on how to raise appropriate concerns. The clinic manager who was in the process of becoming the registered manager, was the safe guarding lead, and had completed appropriate training in line with national guidance. One of the doctors had completed the adult safeguarding training, however neither of the doctors had completed children safeguarding training. This had been identified just before our visit and was rectified within three days of the inspection.

We reviewed all four staff personnel files and found that all recruitment checks had been undertaken prior to employment. Disclosure and Barring service checks, either had been or were in the process of being completed in line with the clinic's policy. Both doctors were registered with the General Medical Council, had regular appraisals, a responsible officer, and were up to date with revalidation.

The clinic had assessed the need for a chaperone service and had concluded that it was not required at the clinic. The clinic's patient guide indicated that patients were able to bring their own chaperone to the clinic for appointments if they wished.

The clinic premises were clean and tidy, according to patient feedback and our own observations. Staff cleaned the premises as part of their daily duties following a schedule. There was an infection control policy in place and we saw evidence of a three-monthly infection control audit. Staff had infection prevention training and there were alcohol gel and examination gloves available in the consultation room. Staff and patients had access to the toilet and handwashing facilities outside of the clinic but inside the building on the same floor. There was a completed risk assessment for Legionella in September 2017 for the clinic itself; however, this did not include reference to the building risk assessment.

We found that electrical equipment was Portable appliance testing (PAT) tested in July 2017 and that the weighing scales and blood pressure monitoring equipment was calibrated and serviced annually. However, we found that

the blood glucose testing machines used to determine the patient's suitability for treatment had not been calibrated as recommended by their manufacturer. The advice given to patients might not be based on accurate findings.

Risks to patients

The public and employers indemnity insurance to cover all potential liabilities that may arise was displayed in the reception area. The manager had evidence of professional indemnity arrangements for clinical staff.

Medical emergencies

This is a service where the risk of needing to deal with a medical emergency was low. There was an emergency medical equipment risk assessment completed September 2017 and a written procedure to guide staff available in the clinic room. We saw that the doctors at the clinic had basic life support training and that there was airway management equipment, first aid box and an accident book present.

Information to deliver safe care and treatment

Patients' medical information and record of medicines supplied were documented on record cards and stored securely at the clinic. These were updated after each patient appointment.

Safe and appropriate use of medicines

This service prescribes Diethylpropion Hydrochloride and Phentermine.

The medicines Diethylpropion Hydrochloride tablets 25mg and Phentermine modified release capsules 15mg and 30mg have product licences and the Medicine and Healthcare products Regulatory Agency (MHRA) have granted them marketing authorisations. The approved indications for these licensed products are "for use as an anorectic agent for short term use as an adjunct to the treatment of patients with moderate to severe obesity who has not responded to an appropriate weight-reducing regimen alone and for whom close support and supervision are also provided". For both products, short-term efficacy only has been demonstrated with regard to weight reduction.

Medicines can also be made under a manufacturers specials licence. Medicines made in this way are referred to as 'specials' and are unlicensed. MHRA guidance states that unlicensed medicines may only be supplied against valid

Are services safe?

special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

At National Slimming and Cosmetic Clinic Basildon, we found that patients were treated with unlicensed medicines. 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. Patients we spoke to indicated that this had been discussed with them and found evidence of the discussion in the patient's medicine record card. Each time patients returned to the clinic they were closely monitored and the unlicensed use of the medicines discussed before being prescribed.

The British National Formulary states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines is also not currently recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians. This means that there is not enough clinical evidence to advise using these treatments to aid weight reduction.'

Medicines were stored securely in the possession of the prescribing doctor. Medicines were checked after each clinic session to confirm the correct medicine had been given and the correct records completed. Then, under the supervision of the prescribing doctor, medicines were packaged in to appropriately labelled containers. An additional weekly check of the medicines was also completed, to further identify any discrepancies. A medication control policy was available for staff with medicine ordering completed by the doctor.

Track record on safety

The clinic used an electronic incident reporting system, which allowed staff at head office to collate the incidents centrally. Safety of the service was monitored using audits to check accuracy of medicines stock levels.

Lessons learned and improvements made

The learning, actions and changes in practice resulting from the incidents were then shared across the whole organisation. Staff understood how to report them, by following the clinic's incident-reporting procedure. There was open and frank discussion regarding a recent error, which had been reported, reviewed, and resulted in a change in procedure.

We saw that patient safety alerts were received by the clinic manager and actioned if necessary.

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 and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

At the first consultation appointment, information was collected from the patient about height, weight, blood glucose levels, and blood pressure. This was recorded on a medical record card, along with calculation of the patient's Body Mass Index (BMI), target weight and information about the patient's medical history. The doctor discussed the treatments available to the patient based on this information and discussed possible side effects of the treatment. Reasons when treatment would not be provided included, high blood pressure or BMI below the treatment threshold for the clinic. Patients were provided with a patient information leaflet with appropriate written information about the prescribed medicine.

We checked ten patient's medical record cards and found that they all had health checks completed on their first visit. Records of their initial and subsequent visits were recorded along with any initial contra-indications to treatment such as high blood pressure. All records had proof of identity as the clinic only treated adults over 18 years. On subsequent visits, patients were weighed and their blood pressure was rechecked. Limited supplies of medicines were prescribed and appropriate treatment breaks planned in where patients had been attending the clinic over a long period. We saw evidence within the records of these breaks.

Monitoring care and treatment

The clinic carried out a number of three and six monthly audits. This included patient clinical records, medicines management, infection control, and quality assurance of patient's weight changes over the audit period.

Effective staffing:

Staff training undertaken at the clinic included induction, health and safety, fire, infection control, data protection, equality and diversity. However, non-clinical staff had not yet been in post long enough to have had an annual appraisal. The doctors were both registered with the General Medical Council, had completed revalidation, and had relevant clinical supervision.

Coordinating patient care and information sharing

As part of the initial consultation, the clinic requested each patients' GP details and provided them with a GP letter. This letter contained information regarding their treatment from the clinic. Each patient's response was documented on their medical record card. We saw evidence of a letter which was given to one of the patients, initially refused treatment due to physical health issues. The patient returned to the clinic after seeking appropriate treatment from their GP.

Supporting patients to live healthier lives

Patients received written information on the medicines they were prescribed as a patient information leaflet. They also received details of website access to information on healthy eating and exercise.

Consent to care and treatment

Patients signed to give consent to treatment at the initial consultation. Staff provided a patient guide containing information about the cost of the treatment. Two patients confirmed that the doctors discussed the use of the unlicensed medicines at each consultation. A record of the discussion was noted in 10 patient records we examined. One of the doctors explained, how they would ensure all their patients had capacity to consent to the treatment in accordance with the Mental Capacity Act.

Are services caring?

Our findings

Kindness, respect and compassion

19 patients completed CQC comment cards. All were positive about the caring, supportive, considerate and understanding staff at the clinic. A positive comment was made about the non-judgmental attitude of clinic staff.

Involvement in decisions about care and treatment

Patients we spoke to told us that they discussed the most appropriate treatment with the doctors and felt involved in the decision. The clinic had access to patient information leaflets in a range of languages.

Privacy and Dignity

The consultation room was a separate, private room located away from the main reception and we observed reception staff ensuring patient's privacy while they were in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The facilities were appropriate for the services being delivered, with the reception manned during the clinic's opening hours. The consultation room was well equipped, clean, and comfortable. The clinic was located on the second floor and there was wheel-chair access via a lift.

The clinic manager told us that they had not had any significant demand from patients, who did not speak English sufficiently well. Nonetheless, the provider did have access to patient information leaflets in other languages to give patients if required. However, there was not an induction loop available for patients who might have had difficulty with hearing.

Timely access to the service

The clinic was open on Tuesday from 10am to 1pm, Thursday from 2pm to 6pm and Saturday 9.30am to 12.30pm. Patients were able to book an appointment through an online service, when the clinic was closed. We observed that patients were also able to obtain appointments on the day at the reception.

Listening and learning from concerns and complaints

The provider had a complaints policy in place, with information on how patients could comment or complain in the provider's patient guide. The clinic had not received any complaints at the time of the inspection. The clinic carried out a six monthly client satisfaction survey, which was then subsequently reviewed. The most recent audit, from September 2017, indicated that patients were very happy with the service.

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;

The clinic manager had recently been asked by the head office to become the registered manager and felt well supported by the head office to take on the role. They were very positive about the guidance, processes and procedures in place. Staff we spoke to told us that they felt supported, respected and valued by the clinic manager.

Vision and strategy

Staff held meetings at the end of the clinic sessions to provide an opportunity for staff to be updated on the provider's vision and strategy and to discuss relevant issues.

Culture

Staff were aware of the need to be open and transparent, particularly if things went wrong. All staff we interviewed discussed the requirements of the clinic's duty of candour. They also stated that they had opportunities to raise any issues with their managers. The culture of the service encouraged candour, openness, and honesty.

Governance arrangements

The clinic had policies and procedures in place, which were available for staff to access. They covered all activities undertaken at the clinic and were accompanied by a programme of audits to monitor the service. The staff were clear about their roles and responsibilities, including the clinic manager, who was about to take on the registered manager role.

Managing risks, issues and performance

The audits regularly completed by the clinic showed the clinic manager, that staff were following procedures correctly. Where feedback from audits or incidents required a change in practice, this was discussed with the clinic's head office. Changes to practice following incidents was implemented through team briefings.

There were risk assessments in place for Legionella's disease in relation to the clinic. However, this did not include information regarding the rest of the building's Legionella's risk assessment, for which the patients had access. We saw fire safety and infection control risk assessments were in place and reassessed at six monthly intervals.

Appropriate and accurate information

Patient assessments from the consultations were recorded on paper records, these were then securely stored. These records were then used for subsequent visits and updated where appropriate. Staff were aware of statutory notification requirements to CQC.

Engagement with patients, the public, staff and external partners

The clinic collected patient feedback, through a client satisfaction survey using a suggestion box and online survey at six monthly intervals. These showed that patients were pleased with the service.

Continuous improvement and innovation

Learning from incidents was shared with staff from this clinic and through its head office, other clinics. Staff were given opportunities to undertake training and to put forward relevant suggestions.