

Codegrange Limited

National Slimming & Cosmetic Clinics

Inspection report

3 Ridley Place,
Newcastle Upon Tyne,
NE1 8JQ

Tel: 0191 230 3333

Website: www.nscclinics.co.uk/slimming/clinics/
Newcastle-clinic

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Overall summary

We carried out an unannounced focussed inspection on 15 January 2019 to ask the service the following key questions; Are services safe, effective 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 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 inspected the service on 28 November and 15 December 2017, and again on 19 June 2018 and asked the provider to make improvements regarding medicines that were not prescribed in line with the provider's policy with no information in the records to explain the decision to prescribe. Also clinical audits were not completed at the frequency detailed in the policy and had not picked up all of the issues. We checked these areas as part of this focussed inspection and found this had been resolved.

Our key findings were:

- We saw that improvements had been made in medical record keeping and prescribing practices
- A system was in place to ensure the effective monitoring and quality improvement of service being provided at the clinic.

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available

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 Clinic Newcastle is a private clinic which provides medical treatment for weight loss. 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.

The service has a 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.

The clinic is open on Tuesday, Friday and Saturday from 9:30am until 1:15pm, and Wednesday from 3pm until 6:40pm. The premises comprise of a reception and waiting area, and consulting rooms situated on the first floor.

This inspection took place on 15 January 2019.

Our inspection team was led by a CQC pharmacist specialist and included a second pharmacist specialist.

Before visiting, we reviewed the action plan and audits which had been submitted to us by the provider. During the inspection, we interviewed the registered manager and receptionist, and reviewed documents and medical records.

Are services safe?

Our findings

At our previous inspection, we found clinicians did not always follow prescribing policies and record the rationale for prescribing decisions when the policy had not been followed.

At this inspection we found improvements had been made:

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. We looked at 20 care records and saw that the information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

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'.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection we saw that whilst there was a prescribing policy in place that set out when medicines could safely be prescribed this was not always followed. BMI was recorded during the first visit but this was not always repeated at subsequent visits in line with the provider's policy. Staff at the clinic ensured that individual consent was obtained prior to the beginning of treatment but this was not always confirmed after treatment breaks in line with the provider's policy. The provider's audit of clinical records had not identified the issues we found.

At this inspection we found improvements had been made:

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with the provider's policy.

- Patients' immediate and ongoing needs were fully assessed. This included ongoing monitoring of Body Mass Index (BMI) and blood pressure (BP) in line with the provider's policy.
- Information about the outcomes of patients' care was collected by way of a six monthly quality assurance audit.

Consent to care and treatment

- The service obtained consent to care and treatment in line with legislation and guidance.

The service monitored the process for seeking consent appropriately this included reconsenting people after a break in treatment.

Are services well-led?

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

Our findings

At our last inspection we saw that whilst there were governance arrangements in place to monitor the quality of the service clinical audits were not completed at the frequency detailed in the provider's policy and had not picked up all of the issues.

At this inspection we found improvements had been made:

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 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.

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.
- Staff were clear on their roles and accountabilities

Managing risks, issues and performance

- The service had processes to manage current performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing.