Slim Holdings Limited

National Slimming & Cosmetic Clinics

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 16 January 2019 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 not 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.

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 20 April 2018 and asked the provider to make improvements regarding establishing effective systems and processes to ensure good governance, in particular relating to recruitment. We checked these areas as part of this comprehensive inspection and found 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, Bradford 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

Summary of findings

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.

49 people completed CQC comment cards prior to our inspection, and these were all positive. Patients told us staff were friendly and helpful and treated them with respect, and the facilities were clean and comfortable.

Our key findings were:

- Staff were caring, supportive, and treated patients with dignity and respect.
- Doctors followed the clinic prescribing manual and recorded the rationale for prescribing decisions.
- There were arrangements in place to audit medical records and treatment outcomes, however the audit outcomes and any actions were not clearly documented and shared to promote continuous service improvement.
- There was a comprehensive set of policies and procedures governing all activities, these were kept under review.
- The clinic was clean and tidy and a legionella risk assessment had been undertaken
- Customer satisfaction surveys were completed to help ensure the service was responsive to peoples needs and there was a procedure in place for handling concerns and complaints

We identified regulations that were not being met and the provider must:

- Ensure that all prescribed medicines are labelled as part of the dispensing process prior to supply to each patient.
- Ensure that the medicines refrigerator maintains the appropriate temperature for the safe storage of medicines.

You can see full details of the regulations not being met at the end of this report.

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

- Review and update the patient medicine information leaflet to provide clarity around situations where urgent medical attention should be sought.
- Review the process for documenting and sharing actions and areas for improvement identified through audit, to promote continuous improvement.
- Review the electronic record keeping to ensure that accurate and up-to-date recruitment and training records are maintained for all staff in accordance with clinic procedures.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available and ensure that all dispensed medicines are fully labelled.

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, Bradford [www.nscclinics.co.uk] is a private slimming clinic for adults. The service operates from a ground floor consulting room, with separate reception and waiting area on North Parade in Bradford. The clinic is open on Wednesdays from 9am to 1:30pm, Thursdays from 1pm to 5:45pm and on Friday and Saturday mornings.

There is a clinic manager, two receptionists and two regular doctors who carry out patient consultations. A third doctor provides cover for leave. One doctor was available at each clinic session.

We carried out an announced comprehensive inspection of National Slimming and Cosmetic Clinics Bradford on 16 January 2019. Our inspection team was led by a CQC pharmacist specialist supported by a second CQC pharmacist specialist. During the inspection, we spoke with staff, made observations, and reviewed documents.

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

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to staff. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- At the previous inspection in April 2018, we found that employment records were not always complete. At this inspection we found that the electronic system used by the provider did not include complete employment records for one staff member. However, the provider was able to provide evidence of the appropriate checks following our inspection.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The registered manager was the safeguarding lead and all staff received up-to-date safeguarding and safety training appropriate to their role. There was a safeguarding policy in place which included details of how to contact both adult and children's safeguarding teams. The service did not offer a chaperone service but advised patients that they could bring someone with them if they wished. The registered manager told us that no requests for a chaperone had been made by clients using the clinic.
- The premises were clean and tidy, and facilities were appropriate for the service being provided. Alcohol gel was available in consulting rooms, and hand washing facilities were available in the downstairs cloakroom and toilet. There was a cleaning schedule in place, and records were kept when cleaning was completed. There was an effective system to manage infection prevention and control. A legionella risk assessment had been undertaken. (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Medical equipment had been calibrated and electrical equipment was checked to ensure it was safe to use. The clinic firefighting equipment had been serviced in accordance with manufacturer's recommendations.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The provider had completed a risk assessment for managing medical emergencies at the clinic. As the clinic also carried out some cosmetic procedures adrenaline was available in case of anaphylaxis and the registered manager told us of plans to install a defibrillator at the clinic. The doctor on duty had completed intermediate life support training. Other staff had not completed basic life support training but were enrolled to attend this over the next two months.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff to enable them to deliver safe care and treatment. Patients were encouraged to consent to information being shared with their GP. The provider advised that most patients did not give consent. However, all patients were provided with a GP letter, should they later choose to inform their GP of their treatment at the clinic.

Safe and appropriate use of medicines

Are services safe?

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including controlled drugs, minimised risks. The clinic used the mandatory requisition form for requesting stock of Schedule 3 Controlled Drugs. However, the form did not include the ordering doctor's prescriber code. The doctor was aware of this requirement and action was underway to address this.
- 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'.
- Medicines were stored securely according to safe custody procedures and access was restricted to appropriate staff. A locked fridge was used to store medicines that required storage between 2-8C, however the fridge was not a medical fridge and was not maintaining the correct temperature range. We raised this with the provider, who told us the fridge would be replaced.
- The clinic prescribing manual was available for reference and provided guidance about BMI [Body Mass Index], co-morbidities and treatment review. We checked ten patient records and found the clinic policy regarding BMI thresholds was adhered to in all but one record. One record showed that a client had been prescribed continuous treatment for more than 12 weeks without a break. Their card indicated that the risks and rationale for continued prescribing had been discussed. The record showed that steady weight loss had continued.
- Staff supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, dispensing labels were not attached to prescribed Liraglutide pen injectors. We raised this with the provider who advised that prompt action would be taken to produce appropriate labelling.
- Processes were in place for checking medicines and staff kept accurate records of medicines. Unwanted medicines for disposal were placed into an appropriate destruction kit, however, this was not promptly activated to ensure that the medicines could not be retrieved. Medicine should only be recorded as destroyed once the destruction kit has been activated.
- There were effective protocols for verifying the identity of patients.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The provider encouraged a culture of openness and honesty with their staff. There was a written incident reporting policy and staff understood their responsibilities to record and report incidents, where appropriate.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service shared learning from across the group with each clinic.
- The provider was aware of and complied with the requirements of the Duty of Candour (observing the Duty of Candour means that patients who use the service are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result).
- The service had systems in place for knowing about notifiable safety incidents. Learning from incidents was shared across the group every quarter. There had been no incidents at the clinic in the last 12 months.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- Clinicians assessed patient needs and delivered care and treatment in line with the clinic prescribing manual.
- Patients who were new to the clinic completed a clinical assessment which captured existing medical conditions and medicines, allergies, co-morbidities and lifestyle questions.
- The clinic prescribing manual described how to manage patients returning to the clinic after a break in treatment. With the exception of one patient record, we saw that this was adhered to in practice.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing. We saw no evidence of discrimination when making care and treatment decisions

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service completed audits but the audit data was not summarised to identify areas of good practice and areas for improvement. For example, the manager told us that individual verbal feedback was given to prescribers following the quarterly record card audits, but the information was not collated and shared for learning. A weight loss audit was completed in August 2018. The records audited showed that half the patients had achieved the target weight loss of 1lb a week. The 'action taken' and 'comments' section of the audit template had not been completed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified.
- Clinic Doctors were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The clinical manager and reception staff received annual appraisals. Doctors did not have an annual appraisal at the clinic but there were plans to implement this on the establishment of the new group clinical lead.
- The provider held electronic records of staff skills, qualifications and training however, these were not up-to-date for one member of staff.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. The provider told us that few chose to do so, but all clients were given a clinic letter that they could hand to their GP should they later change their mind.
- Patients were supplied with written information about their medicines however, the medicines leaflet was overdue for review. The leaflet advised clients to contact the slimming clinic directly if they suffered from side-effects but did not clarify side-effects where more urgent medical advice should be sought .

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health.

- Clients were asked about their lifestyle at their initial consultation and provided with a clinic slimming guide that included information about diet, portion control and exercise. Clients could also download an electronic food diary and exercise tracker.

Consent to care and treatment

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

- Doctors understood the requirements of legislation and guidance when considering consent and decision making and explained how they would ensure a patient had the capacity to consent to treatment in accordance with the Mental Capacity Act 2005. However, staff had not completed training on the Mental Capacity Act 2005.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patients completed CQC comment cards before our inspection to tell us what they thought about the service. We received 49 completed cards which were all positive. Feedback from patients was positive about the way staff treat people.
- We observed staff interacting with patients and found they were pleasant and professional.
- Staff understood patients' personal needs. They displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patients told us through comment cards, that they felt listened to and supported by staff.
- Patients could discuss treatment options and agree weight loss goals at the start of treatment. Not all patients elected to choose a final target weight, preferring to aim for example, to lose 1lb a week. We saw evidence of ongoing treatment being reviewed in partnership with the patient regarding effectiveness and any side effects experienced.
- Since the previous inspection the clinic now had electronic access to patient information leaflets in other languages.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The provider had ensured that consultations were conducted in a private room and could not be overheard. Patients told us their privacy and dignity needs were met at the clinic.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered.
- The clinic was unable to provide services to patients with mobility difficulties. Where possible, details of alternative services were provided.
- There was no induction loop available for patients who experienced hearing difficulties and information and medicine labels were not available in large print or Braille.

Timely access to the service

Patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Patients reported that the appointment system was easy to use. Consultations were offered mainly by appointment although, the manager told us that 'walk-in' clients would also be seen where possible. Clients were invited to make the next appointment with reception staff following their consultation.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available to patients.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service shared learned lessons from individual concerns and complaints across the group. There had been no complaints received at the clinic in the last 12 months.

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;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The registered manager was aware of the need for openness and honesty with patients if things went wrong, and would comply with the requirements of the Duty of Candour. We saw the manager encouraged an open and honest culture.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The clinic manager and reception staff received regular annual appraisals. The provider told us of plans to implement an appraisal process for Doctors on the establishment of the group Clinical Lead. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There were a comprehensive set of policies and procedures governing all activities at the clinic.
- All staff we spoke with understood their roles and responsibilities.
- There were arrangements in place to identify risks and poor performance, for example through the quarterly audit of medical records. Individual verbal feedback was provided to doctors following each audit cycle.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations.
- Leaders had oversight of safety alerts, incidents, and complaints, shared across the group.
- There was an established audit programme however, outcomes were not always reviewed and actively used to support continuous service improvement.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients to support high-quality sustainable services.

- Patients' views and concerns were encouraged. The provider completed a bi-annual Customer satisfaction survey to capture patient views. The most recent surveys demonstrated a positive patient experience.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

Are services well-led?

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. However, the outcomes and action points from clinical audit were not reviewed and shared to promote continuous improvement. There were no documented staff meetings at the clinic.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Services in slimming clinics	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have adequate systems in place to ensure the safe storage of medicines requiring refrigeration and for the labelling of dispensed medicines.