

Marie Swoboda Limited

# National Slimming & Cosmetic Clinics

## Inspection report

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## Overall summary

We undertook a desk top focused review of National Slimming and Cosmetic Centre (Salisbury) on 09 March 2018. This review was carried out to check that improvements to meet legal requirements planned by the service after our comprehensive inspection on 26 January 2016 had been made. We reviewed the service against three of the five questions we ask about services: is the service safe, responsive and well-led? This is because the service was not previously meeting some legal requirements.

### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care 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 an announced comprehensive inspection of this service on 26 January 2016. Breaches of legal requirements were found. After the comprehensive inspection, the service wrote to us to say what they would do to meet legal requirements in relation to safeguarding service users from abuse and improper treatment, and good governance

We undertook this focused review to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for National Slimming and Cosmetic Clinics (Salisbury) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The National Slimming and Cosmetic Clinics (Salisbury) provides weight loss treatment and services, including medicines and dietary advice to people accessing the service. The clinic is on the first floor of a shared building in a city centre location. The clinic is open for half a day on Tuesdays and Fridays.

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 the National

# Summary of findings

Slimming and Cosmetic Clinics (Salisbury) 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.

## **Our key findings were:**

- Changes have been made at the service to meet its legal requirements in relation to safeguarding service users from abuse and improper treatment, and good governance

There were still some 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
- Review the ordering process for controlled drugs in line with changes in legislation

# 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.

Staff had received safeguarding training and a safeguarding policy was in place. A risk assessment for the management of medical emergencies had been completed, and clinicians at the service had received basic life support training. Clinical equipment was checked appropriately to ensure it was calibrated and working properly.

However, the service should only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available. The provider should also review its ordering process for controlled drugs in line with changes in legislation.

### **Are services responsive to people's needs?**

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

The service had access to a telephone translation service, and we saw that patient information leaflets were available in other languages when required. However, information and medicine labels were not available in large print to help patients with a visual impairment, and an induction loop was not available for patients with hearing difficulties.

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

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

The service had a number of policies and procedures to govern activity which had been reviewed and updated to reflect current practice and legislation, and encourage continuous improvement.

# National Slimming & Cosmetic Clinics

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection of National Slimming and Cosmetic Clinics (Salisbury) on 26 January 2016. Breaches of legal requirements were found. We undertook this focused review of the service on 09 March 2018 to check that those legal requirements are now met. This report only covers our findings in relation to those requirements.

The inspection was led by a member of the CQC medicines team.

We reviewed a range of information that we hold about the service which included information we requested from the provider. We also spoke with the manager of the service. We have not revisited National Slimming and Cosmetic Clinics (Salisbury) as part of this review.

We reviewed the service against three of the five questions we always ask about services to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- 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 review

# Are services safe?

## Our findings

### Safety systems and processes

At the previous inspection in January 2016, we found the service did not have robust systems and processes in place to keep people protected and safeguarded from abuse. From the evidence that was provided for our review in March 2018, we saw that there was a safeguarding policy in place. This policy was accessible to staff and included details of local safeguarding contacts. All staff had received appropriate training in adult and child safeguarding, and there was a safeguarding lead for the service.

At the previous inspection in January 2016, we found that appropriate clinical equipment was available at the service, but there were not robust systems in place for regular and appropriate inspection, calibration, maintenance and replacement of equipment. When we reviewed in March 2018 we saw evidence that clinical equipment had been checked appropriately to ensure it was calibrated and working properly.

The service had also introduced a procedure for the management of the risk of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that an up to date risk assessment, to identify and assess any risks of exposure to Legionella in the water system, had been completed at National Slimming and Cosmetic Clinics (Salisbury).

### Risks to patients

Although this is a service where the risk of needing to deal with a medical emergency is low, we were not assured at the previous inspection in January 2016 that effective arrangements for managing medical emergencies were in place at the service. When we inspected in March 2018, we saw that a risk assessment for the management of medical emergencies had been completed to ensure that the clinic held appropriate medicines or equipment for use in the event of an emergency. We also saw evidence that clinicians at the service had received basic life support training.

### 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 have 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 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 Clinics (Salisbury) 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.

The British National Formulary version 71 states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines are 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.’

At the previous inspection in January 2016, we found the service did not use the mandatory requisition form for requesting stock of Schedule 3 Controlled Drugs that had recently been introduced. When we inspected in March 2018, we found that the ordering process for controlled drugs had not been reviewed or changed in line with this change in legislation. However the provider told us that they intended to roll this out to all their clinics.

### Lessons learned and improvements made

At the previous inspection in January 2016 we could not be assured that the Duty of Candour would be applied in the service if things went wrong. Observing the Duty of Candour means that people who use services are told

## Are services safe?

when they are affected by something that goes wrong, given an apology and informed of any actions taken as a

result. When we inspected in March 2018, the provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

Since the previous inspection in January 2016, the provider had assessed how they would make their services accessible to non-English speaking and disabled people to ensure that they are not disadvantaged compared with English speaking and non-disabled people. When we inspected in March 2018 we were told that staff now have

access to a telephone translation service, and we saw that patient information leaflets were available in other languages when required. Where the service was unable to provide services to patients with mobility difficulties, details of alternative services were provided. However, information and medicine labels were not available in large print to help patients with a visual impairment. An induction loop was not available for patients with hearing difficulties.

# Are services well-led?

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

## Our findings

### Governance arrangements

The service had a number of policies and procedures to govern activity and these were available to the doctors and

staff. Since the previous CQC inspection in 2016 all policies had been reviewed and updated to ensure they reflected current practice and legislation, and encouraged continuous improvement