

## Southern Slimming and Cosmetic Clinics Limited

# Southern Slimming & Cosmetic Clinics Limited (Plymouth)

### Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 7 June 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 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

### Our key findings were:

- Staff told us that they felt supported to carry out their roles and responsibilities.
- We found feedback from patients was always positive about the care they received, the helpfulness of staff and the cleanliness of the premises.
- The provider had systems in place to monitor the quality of the service provided.

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

- Review the risk assessment for chaperoning at the service and staff training requirements if necessary.
- Review procedures for the calibration of equipment including weighing scales.
- Review risk assessments with regard to medical emergencies and Legionella testing.

## Summary of findings

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Review the process for starting medicines in people with a body mass index less than 30 kg/m<sup>2</sup> to ensure that national guidance and the clinic policy is followed.
- Review the need for a T28 exemption from the Environment Agency to authorise denaturing of controlled drugs before disposal.
- Review and risk assess the appropriateness of having a family member as a translator.

# 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 not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

We found areas where improvements should be made relating to safe provision of treatment. Risk assessments were not in place regarding the need for emergency medicines and equipment, Legionella testing and chaperoning. Medical equipment had not been calibrated. Clinical waste was being handled without the appropriate exemption from the Environment Agency.

### **Are services effective?**

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

We found areas where improvements should be made relating to safe provision of treatment. The doctors were not always following national guidance or their own policy for initiating medicines for people with a body mass index of less than 30kg/m<sup>2</sup>.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations. People told us that staff were helpful and friendly. People felt they were treated with dignity and respect and were supported to make decisions about their care and treatment.

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

We found that this service was providing responsive care in accordance with the relevant regulations. Staff had received equality and diversity training and written information was available in different languages and braille if people needed it. Patients could call in to be weighed without an appointment and would not be charged. The clinic had a system for handling complaints.

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

We found that this service was providing well-led care in accordance with the relevant regulations. There were governance arrangements in place to monitor the quality of the service. Staff felt confident to carry out their role and described an open and supportive culture. The provider sought the views of patients.

# Southern Slimming & Cosmetic Clinics Limited (Plymouth)

## Detailed findings

### Background to this inspection

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.

Before visiting, we looked at a range of information that we hold about the clinic. We reviewed the last inspection report from 8 November 2013, any notifications received and information submitted by the service in response to our provider information request.

The methods that were used during our visit included talking to people who used the service, interviewing staff, observations and a review of 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.

Southern Slimming and Cosmetic Clinics (Plymouth) provides weight loss treatment and services, including medicines and dietary advice, to people accessing the

service. The clinic consists of a reception, one consulting room and one treatment room located on the ground floor of a two storey building on Mayflower Road. It is close to the city centre and has nearby parking. The building is wheelchair accessible. The clinic is open four days a week for variable hours.

The clinic is staffed by a clinic manager, two female doctors and one male doctor, and two clinic assistants who also acted as receptionists.

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.

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 Southern Slimming and Cosmetic Clinic (Plymouth) 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.

Patients completed CQC comment cards to tell us what they thought about the service. We obtained feedback about the clinic from 12 completed comment cards. The observations made were all positive and reflected that

## Detailed findings

patients found staff to be friendly, helpful and efficient. They also said that the environment was safe, clean and hygienic. We spoke to three patients on the day of the inspection who were also satisfied with the service.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place for reporting, recording and monitoring significant events. Staff were able to tell us what they would do in the event of an incident, and we saw that an incident reporting form was available. All incidents were reported to the provider head office where they were collated and reviewed. A quarterly report was produced to summarise all incidents across the group and to share learning and best practice. We were told that there had been no incidents in the previous 12 months.

We were told that patient safety alerts were received by email and actioned as necessary by the registered manager.

The registered manager was aware of their responsibility to comply with the requirements of Duty of Candour, a set of legal requirements that providers of services must follow when things go wrong with care or treatment.

### Reliable safety systems and processes (including safeguarding)

There was a safeguarding policy in place which included the safeguarding team contact details at the local authority. The manager and receptionists had been trained in safeguarding adults and told us what action they would take in the event of a safeguarding concern. Doctors had been trained in safeguarding adults and children up to level three.

Appointments were booked using a computerised system. Patients' medical information, clinical notes and record of medicines supplied were documented manually on record cards. The cards were stored securely at the clinic and access was restricted to protect patient confidentiality.

### Medical emergencies

This is a service where the risk of needing to deal with a medical emergency is low, however no risk assessment had been carried out with regards to what may be needed in the event of a medical emergency. The registered manager was trained in basic first aid and the clinic doctors had received basic life support training. Staff told us they would call the emergency services in the event of a medical emergency.

### Staffing

There was adequate staffing to meet the demands of the service. The clinic was staffed by a registered manager, three doctors (all part time) and two receptionists.

We reviewed three staff personnel files. We found that recruitment checks had been undertaken prior to employment and Disclosure and Barring Service (DBS) checks were in place, and were being renewed for all staff, in line with the service's policy.

We saw that all three doctors were up to date with regards to their revalidation with the General Medical Council.

Information on the availability of a chaperone was included in the Patient Guide, which was available to patients in the waiting room and in their welcome pack. Staff told us that they had not been asked to chaperone people during their appointments but that receptionists or the clinic manager would act as a chaperone if required. However, those staff members had not undertaken training to support this role and there was no risk assessment in place.

### Monitoring health & safety and responding to risks

A risk assessment had taken place for monitoring and managing risks to patients and staff safety. We saw records of health and safety awareness training for staff.

We saw evidence that electrical equipment was checked to ensure it was safe to use and fire safety equipment had been serviced in accordance with manufacturer's recommendations.

The public and employers indemnity insurance policy was displayed in the reception area. The registered manager had evidence of professional indemnity arrangements for clinical staff.

### Infection control

The premises were clean and tidy. There was an infection control policy in place and we saw evidence of a quarterly infection control audit. Staff had undertaken infection prevention training. The registered manager told us staff cleaned the premises as part of their normal daily duties following a cleaning schedule and we saw records to support this. Staff had access to alcohol gel and there was a sink for handwashing and supplies of examination gloves in the consultation room.

We saw that policies were in place for the management of waste and safe disposal of sharps. We saw that waste was segregated appropriately but the service had not

# Are services safe?

completed the required information, such as clinic name and date, on the sharps container. The service held an on-going contract with a clinical waste contractor, however the service did not have a T28 exemption from the Environment Agency to authorise denaturing of controlled drugs before disposal.

The manager told us that there was no requirement for Legionella testing as there was no standing water within the service, but we saw no risk assessment to support this decision.

## Premises and equipment

The service was located on the ground floor of its own premises and consisted of a reception area, a consultation room and a treatment room on the ground floor. There was also a toilet used by staff and patients and additional rooms on the first floor which were not used for treatment. The premises were in a good state of repair.

There was a fire risk assessment and policy. Fire equipment had been serviced and staff had recently completed fire awareness training. We saw records of monthly fire alarm, equipment and emergency lighting checks.

We found that weighing scales in the clinic room had not been calibrated, although an appointment with an external provider had been arranged to calibrate the scales in the next few months. The provider could not give us evidence that the blood pressure measuring device had been calibrated. The manager told us that the doctors wanted a digital blood pressure device but this request had been refused. This meant at the time of the inspection we could not be sure that the measurements being recorded during consultations were accurate.

## Safe and effective 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 special 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 Southern Slimming and Cosmetic Clinic (Plymouth) 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 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.

Southern Slimming and Cosmetic Clinic (Plymouth) had a policy which covered all aspects of medicines management. We checked how medicines were stored, packaged and supplied to people. We saw medicines were stored securely. Medicines were kept safely in the possession of the prescribing doctor. Medicines were ordered and received when there was a doctor on the premises. They were packaged into appropriate containers by a second member of staff under the supervision of the doctor. We saw the orders, receipts and prescribing records for medicines supplied by the clinic. The medicines were checked after each clinic session to confirm that all the necessary records had been made and a separate weekly check was also carried out.

When medicines were prescribed by the doctor they were supplied in appropriate labelled containers which included

## Are services safe?

the name of the medicine, instructions for use, the person's name, date of dispensing and the name of the prescribing doctor. A record of the supply was made in the person's records.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Prior to the initial consultation each person had to complete a medical history form where people had to identify if they had other illnesses or were taking any other prescribed medicines.

During the initial consultation, the following information was collected from each person; blood glucose reading, weight, height, and answers to questions around their eating habits. Information was recorded on the medical history and consent form and this identified if the person had any contra-indications such as heart disease, high blood pressure, thyroid disorders and pregnancy. The doctor discussed the treatments available, including common side effects to the medicines, and patients were provided with written information about medicines in the form of a patient information leaflet.

We checked twelve people's records and saw that they had health checks on their first visit and information was recorded about relevant concerns. People's medical history, weight and blood pressure were taken at their initial visit. Their body mass index (BMI kg/m<sup>2</sup>) was calculated and target weights agreed and recorded. Their waist circumference was also measured if their BMI was below 30 kg/m<sup>2</sup>.

The assessment protocol used by the clinic stated if a person's BMI was above 30 kg/m<sup>2</sup> they would be considered for treatment with appetite suppressants and if they had other defined conditions then treatment could start if their BMI was above 27 kg/m<sup>2</sup>. If the BMI was below the level where appetite suppressants could be prescribed the clinic provided dietary advice and also had a herbal supplement for sale.

We saw evidence that people were not prescribed medicines if there was a clinical reason to do this, for example: high blood pressure or if the person was already taking a medicine which meant that they could not have any new medicines prescribed from the clinic.

We spoke to three patients who had come for follow up consultations; they all were satisfied with their treatment.

We checked 12 sets of patient records and saw that regular reviews of weight, BMI and blood pressure were recorded.

We saw that patients were not prescribed medicines if it was not safe for them to do so. Where patients were prescribed medicines, we saw that they were given limited supplies.

We saw evidence that some people had been attending the clinic for more than one year. The medical records showed that medicines were being supplied to people for up to 12 weeks and then there was a treatment break in order for people to maintain their weight loss without prescribed medicines. The doctor's manual stated that, at the doctor's discretion as long as the person was losing weight, medicines could be prescribed for more than 12 weeks without a treatment break and in these circumstances the reason why there was not treatment break had to be recorded in the person's record. We saw that one person had 52 weeks of medicines supplied in a 54 week period and in that time, the person's weight had increased by three pounds overall. We discussed this person's case with the prescribing doctor, who explained the reason why prescribing had continued, but these reasons had not been recorded in the person's records.

We saw that two patients seen by one of the doctors had received medicines from their first appointment even though their BMI was less than 30kg/m<sup>2</sup> and no comorbidities had been recorded. This was not in line with the provider's policy, the medicine's product licence, or national guidance.

### Staff training and experience

We saw records of staff appraisals and training. All staff received annual training in data protection, electrical safety, equality and diversity, fire awareness, health and safety, infection prevention, manual handling and safeguarding vulnerable adults. In addition the manager received basic first aid training, and training on risk assessment and Control of Substances Hazardous to Health (COSHH) regulations. We saw that the doctors were registered with the General Medical Council and had completed revalidation.

### Working with other services

People were asked before treatment commenced if they would like their GP informed. If they did not agree to this they were given an information letter detailing the medicines and treatment given which they could share with their GP if they chose. If they consented to their GP

# Are services effective?

(for example, treatment is effective)

being informed, the clinic would send the letter to the GP. If patients were over 65 years of age the GP was contacted with the patients consent to confirm that they were in agreement to the treatment.

Staff told us that people were referred to their GP if they were unsuitable for treatment because of high blood pressure or high blood sugar levels.

## **Consent to care and treatment**

Consent was obtained from each person before treatment was commenced and was documented in the patient notes. There was a notice in the waiting area which explained that unlicensed medicines may be prescribed

and this was to be discussed with the doctor. People signed this declaration and consent before appetite suppressants were prescribed. The doctor we spoke with explained how they would ensure a patient had capacity to consent to treatment in accordance with the Mental Capacity Act. Patients had to sign to confirm they would inform clinic staff of any change in their health or circumstances and take reasonable precautions not to become pregnant during treatment with appetite suppressants.

The service offered full, clear and detailed information about the cost of consultation and treatment including the costs of medicines.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed staff at the clinic being polite and professional. Staff told us how they would protect patients' confidentiality.

Patients completed CQC comment cards to tell us what they thought about the clinic. We received 12 completed cards and all were positive. They told us that staff were

helpful and friendly and that people were satisfied with the treatment they received at the service. We spoke with three patients on the day of the inspection who also told us they were satisfied with the service provided.

### **Involvement in decisions about care and treatment**

We saw a range of information available to people who attended the clinic. Patients told us that they were involved in decision-making and had sufficient time in their consultations to make informed choices about their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

We found the provider was responsive to people's needs and had systems in place to maintain the level of service provided. We saw that systems were in place to ensure that medicines and materials were kept in stock to avoid delays in assessment and treatment.

The facilities were comfortable and welcoming for patients. The reception was always staffed during opening hours.

### **Tackling inequity and promoting equality**

The treatments available at the clinic were only available on a fee basis. However, information on alternative methods of weight loss, such as diet and exercise, were available free of charge as was the ability to be regularly weighed by clinic staff.

We asked staff to explain how they communicated with patients who had different language needs, such as those who spoke another language. The manager told us that written information was available through the provider

head office in a range of languages and braille. The manager told us that patients usually brought a family member to act as a translator. This meant that the doctor could not be assured that information was being relayed accurately. An induction loop was not available for patients who experienced hearing difficulties. We saw that staff had received equality and diversity training.

### **Access to the service**

Appointments were available at varied times on four days a week, including at the weekend. Patients could be weighed outside of clinic times when the doctor was not on-site but could not be supplied with medicines.

### **Concerns & complaints**

There was a complaints policy at the service which provided staff with information about handling customer complaints and concerns. The policy showed that complaints were recorded along with any actions taken. All incidents, including complaints, were collated quarterly by the head office and an incident report circulated to improve quality. We were told that no complaints had been received by 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

### **Governance arrangements**

A statement of purpose was in place. The clinic had a number of policies and procedures to govern activity and these were available to the doctors and staff, however not all staff had signed to say they had read the documents.

The registered manager had responsibility for the day to day running of the clinic. There were processes in place for the registered manager to discuss feedback from audits or changes to practice.

We reviewed three employment records and found that appropriate checks had taken place. Records were comprehensive and staff had annual appraisals.

### **Leadership, openness and transparency**

The registered manager told us how concerns would be addressed and acted upon in an open and transparent manner. Staff told us they had the opportunity to raise any issues. The culture of the service encouraged candour, openness and honesty.

### **Learning and improvement**

The service had assurance systems in place, which were reported to, and monitored by, the provider. There was a systematic programme of clinical and internal audits in place to monitor quality and systems; however these audits referred to out of date regulations. We saw that the registered manager undertook a six monthly review of 20 people's records. Actions were noted when the audit demonstrated that the clinic's policies and procedures were not being followed. The review of patient's records in June 2016 indicated that 10 out of 20 patients had met the weight loss target for the clinic. The review in December 2016 showed that 13 out of 20 patients had met the target.

### **Provider seeks and acts on feedback from its patients, the public and staff**

The service encouraged and valued feedback from patients. We observed that comments were invited from patients through a suggestion box in the waiting area.