

Codegrange Limited National Slimming & Cosmetic Clinics (Sunderland)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 July 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

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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 (Sunderland) provides weight loss treatment and services, including medicines and dietary advice, to patients accessing the service. The clinic consists of a reception area and one consulting room located on the first floor of a three storey building in the city centre and parking is near by. A toilet facility is available on the clinic premises. . The clinic is

Summary of findings

open four days a week for variable hours. The service is open Wednesday 9:30am to 1:15pm, Thursday 10:00am to 1:45pm, Friday 9:30am to 1:15pm and Saturday 9.30am to 1:15pm. Slimming and obesity management services are provided for adults from 18 to 65 years of age either by appointment or on a 'walk-in' basis.

The clinic is staffed by a clinic manager, one receptionists and three doctors.

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.

Patients completed CQC comment cards to tell us what they thought about the service. We obtained feedback about the clinic from 15 completed comment cards. The observations made were all positive and reflected that

patients found staff to be friendly, helpful and professional. 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.

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 necessity for Chaperoning at the service and staff training requirements if necessary.
- 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 patients with a body mass index less than 30 kg/m² to ensure that national guidance and the clinic policy is followed.

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. Risk assessments were not in place regarding the need for emergency medicines and equipment and chaperoning.

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.

Patients told us that staff were helpful and friendly. Patients 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 if patients needed it however there was no facilities to aid patients with visual or hearing difficulties and no interpreter service was available. 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.

Policies and procedures were in place and staff had signed to say they had read the documents.

National Slimming & Cosmetic Clinics (Sunderland)

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.

We carried out an announced comprehensive inspection at National Slimming and Cosmetic Clinics (Sunderland) on 5 July 2017. The inspection was led by a CQC Pharmacist Specialist accompanied by a second Pharmacist Specialist.

Before visiting, we looked at a range of information that we hold about the clinic. We reviewed 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 patients 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.

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 one incident in the previous 12 months and we saw that this had been appropriately reviewed and shared.

We were told and saw evidence 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.

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. There was a basic first aid box 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 one receptionist.

We reviewed four 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. The Doctors working at the clinic were registered with the General Medical Council.

The service did not have a chaperoning policy. This service was not provided and no assessment had taken place to identify its need. Staff told us that they had not been asked to chaperone.

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 monthly 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 supply 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 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 and had applied for a T28 exemption from the Environment Agency to authorise denaturing of controlled drugs before disposal.

Are services safe?

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

Premises and equipment

The service was located on the first floor of shared premises and consisted of a reception area and a consultation room. There was also a toilet used by staff and patients.

There was a fire risk assessment and policy. Fire equipment had been serviced and staff had completed fire awareness training. We were told that the building maintenance company tested the fire alarm on a regular basis. Staff knew where the assembly point was in the event of a fire and we saw evidence that a fire evacuation drill had taken place in March 2017.

We found that weighing scales and a blood pressure monitor in the clinic room had been calibrated and there was a calibration schedule in place.

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 National Slimming and Cosmetic Clinic (Sunderland) 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.

National Slimming and Cosmetic Clinic (Sunderland) had a policy which covered all aspects of medicines management. We checked how medicines were stored, packaged and supplied to patients. We saw medicines were stored securely with access restricted to authorised staff. Medicines were ordered and received appropriately. The medicines were packaged into appropriate containers under the supervision of the doctor. We saw the orders and receipts for medicines supplied to the clinic.

When medicines were prescribed by the doctor they were supplied in appropriately labelled containers which included the name of the medicine, instructions for use, the patient's name, date of dispensing and the name of the prescribing doctor. A record of the supply was made in the patient's records.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

During the initial consultation, the following information was collected from each person; 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 or 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 sixteen patients's records and saw that they had health checks completed on their first visit, information was recorded about contraindications and assessments were recorded. Their body mass index (BMI) was calculated and target weights were agreed and recorded.

The assessment protocol used by the clinic stated if a person's BMI was, greater than 30 then they would be considered for treatment with an appetite suppressant. If they had comorbidities then they could be offered treatment if their BMI was 27 kg/m² or greater so this did not match current guidelines. This meant there was a risk people would be given inappropriate treatment and placed them at unnecessary risk. If their BMI were below the prescribing threshold then they would be offered dietary advice. We saw on subsequent visits that regular reviews of weight, BMI and blood pressure were recorded. Where patients were prescribed medicines, we saw that they were given limited supplies.

The doctor explained how treatment breaks were used by the clinic for patients who had been attending for long periods of time. We saw evidence of treatment breaks in the clinic records. Reassessment was completed when a patient returned after a break to ensure that their medical history had not changed this was documented in their notes.

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

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. We saw that the doctors were registered with the General Medical Council and had completed revalidation.

Working with other services

Patients were asked before treatment commenced if they would like their GP informed. Records were kept which showed when this information was shared. 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 being informed, the clinic would send the letter to the GP. If abnormal blood pressure or blood glucose recording occurred, the doctor described how patients would be encouraged to attend their GP for further investigation.

Consent to care and treatment

Consent was obtained from each person before treatment was commenced and was documented in the patient notes. Patients were given a leaflet which explained that unlicensed medicines may be prescribed and the doctor discussed this during the consultation. Staff sought patients consent to treatment and this was reviewed after any periods of absence. Consent was clearly documented in the patient's records. 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.

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 15 completed cards and all were positive. They told us that staff were

helpful and friendly and that patients 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 patients 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 that the provider was responsive to patient's needs. A procedure was in place to review customers surveyed and feedback was acted upon. 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 and reception was always manned during opening hours. The consultation room was well designed and contained appropriate equipment.

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. We saw that written information was available through the provider head office in a range of languages. 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.

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. 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 four 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. We saw that the registered manager undertook regular monthly audits including medication control audit, dispensing sheet audit and record card audit. Actions were noted when the audit demonstrated that the clinic's policies and procedures were not being followed. The result of audit was discussed at clinical meetings.

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. The manager completed an analysis of customer feedback every three months

This section is primarily information for the provider

Enforcement actions

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.