

# The Slimming Clinic Ltd

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out our first announced comprehensive inspection at The Slimming Clinic as part of our inspection programme following the registration of a new service.

The Slimming Clinic provides an online and telephone service to support people to manage their weight across the United Kingdom. This can include prescribed medicines and lifestyle advice including, counselling, dietary and movement advice.

The service 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.

As the service is provided remotely, they were asked to email patients who had an appointment with a doctor during the week of the inspection. The email invited the patients to provide feedback via the CQC 'Give feedback on care' web page. Five patients provided feedback via the website. Four patients provided very positive feedback. The feedback focused on staff listening and wanting to understand what they [the patient] wanted to achieve. However, one patient raised a concern in their feedback, but they also highlighted the way staff listened.

## **Our key findings were:**

- Patients were positive about the staff and the service
- Staff displayed an understanding and non-judgmental attitude to all patients
- Prescribing and record keeping were in line with the provider's policies
- There was a focus on continuous learning and improvement

We saw the following outstanding practice:

- The service had undertaken a clinical review of the effectiveness of the weight loss programmes offered by the service. This included a comparison to alternative weight loss providers. A further clinic review assessed the effectiveness of the different medicines they prescribed. Following the reviews, additional mandatory fields were added to the patient record system to improve the consistency of patient records.
- Reasonable adjustments were made for people who found reading and writing difficult through the recording of consent verbally.

# Overall summary

The areas where the provider **should** make improvements are:

- The service should record the discussion and decision to prescribe unlicensed medicines where alternative licensed medicines are available.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC Pharmacist Specialist. The team included another member of the CQC medicines team.

## Background to The Slimming Clinic Ltd

The provider was registered by CQC on 14 July 2021 in respect of the regulated activity of Treatment of disease, disorder or injury (TDDI).

The provider operates from their registered address; however, most staff are working remotely.

The Slimming Clinic is an independent provider of online and telephone services to support people lose weight across the United Kingdom. This can include prescribed medicines, counselling, dietary and movement advice.

Adults can schedule online or telephone appointments by phone or via the website initially with a doctor. Following an initial consultation, a face to face assessment may be required and undertaken by a separate provider to assess the patient's health. The service offers patients a range of treatment programmes to aid or maintain weight loss.

The core opening times of the service are as follows:

- Monday - 8.30am to 9pm
- Tuesday - 8.30am to 6pm
- Wednesday - 8.30am to 9pm
- Thursday - 8.30am to 6pm
- Friday - 8.30am to 5pm
- Saturday - 9.30am to 3pm
- Sunday – closed

Information regarding the service can be found on the provider's website – <https://theslimmingclinic.com>

### How we inspected this service

Before the inspection, we gathered and reviewed information from the provider. We conducted an onsite inspection of the registered location including interviews with the services nominated individual and registered manager. Further online interviews and telephone calls were held with support staff and prescribers. We reviewed a range of the provider's policies and procedures and patient consultation records. We did not speak with service users, but received direct feedback following the service circulating details of CQC's Give Feedback on Care webpage. We reviewed the feedback received by CQC and reviewed other sources where their feedback was recorded.

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?

**We rated safe as Good**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 carried out in line with the service's policy. (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).
- All staff received up-to-date adult safeguarding and safety training appropriate to their role. At the inspection it was identified that children's safeguarding training had stopped. Following, the inspection the service clarified which staff had up to date children's safeguarding and safety training and put in place an action plan for those without the appropriate training to be trained. Staff could describe how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered how the registered location was used.

## **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.
- There was an effective induction system.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients who deteriorated during their appointment and would either arrange for emergency assistance via 999 or advise the patient to seek further medical advice.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. We saw that there were suitable insurance arrangements to cover the professional practice of the healthcare professionals working in the service and for public liability cover.

## **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 and other agencies to enable them to deliver safe care and treatment.

# Are services safe?

- We were told that in the event that the service ceased trading the medical records would become the responsibility of the administrator and they would be made aware of the Department of Health and Social Care (DHSC) guidance on the retention of medical records in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and equipment minimised risks. The service monitored the use of e-prescriptions to ensure the services prescribing guidelines were followed.
- The service carried out regular medicines audit to ensure prescribing was in line with the services guidelines for safe prescribing.
- The service prescribes some schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence). These were managed and recorded appropriately.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

## Track record on safety and incidents

### 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.

## 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes, and took action to improve safety in the service. The service encouraged staff to record all compliments, concerns, near misses and complaints whether verbal or written via their incident reporting system. Over the previous year, a few deliveries were not received by the patients. As a result, the service reviewed its processes to ensure postal addresses were correct and worked with the service's delivery provider to reduce the number of incidents involving deliveries. Directors of the service reviewed all clinical, administrative and contractual complaints before they were closed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service kept records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

**We rated effective as Good**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The clinician recommended from a range of programmes after the first consultation. Patients then selected which of the recommended programmes to purchase. Depending on the programme recommended and purchased, the patient, in addition to support from a doctor, could access dietetic, counselling and movement support.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Multi-month treatment programmes could be recommended by the doctor and purchased by the patient where appropriate.
- Some of the treatment programmes included equipment to support the remote monitoring of the patients' blood pressure and weight. When clinically required, remote recording of heart sounds could be undertaken. When required patients were referred for a face to face consultation delivered by another service.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service had reviewed the effectiveness of the medicines they prescribed. They had also compared their results against published results achieved by other services who help people manage their weight. The results shown to us indicated a similar or greater proportion of patients lost at least 5% total body weight in 12 weeks compared to the published results attributed to other services. The results also showed that patients who purchased multi-month weight loss programmes lost more weight than pay as you go patients.
- The service showed us the results of a further review comparing the medicines prescribed by the service. Their results after 12 weeks of treatment showed both medicines on average led to weight loss. One medicine was more effective than the other, but neither were effective for all patients.
- Clinical review had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service has used the review results to highlight to patients the benefit of multi-month programmes compared to pay as you go programmes.
- The service identified sample size as a limitation to the review and the potential impact of Christmas. The service told us they were planning to repeat these reviews on an annual basis.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council and were up to date with revalidation.

# Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## **Coordinating patient care and information sharing**

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Where underlying medical needs were identified staff at the service would either write to the patient's GP with their consent or encouraged patients to contact their GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were a higher risk when prescribed if the patient did not give their consent to share information with their GP, or they were not registered with a GP. In these situations, they were individually risk assessed. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

## **Supporting patients to live healthier lives**

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

- Where appropriate, staff gave people advice so they could self-care, this included lifestyle advice about diet and exercise.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. These include undiagnosed obesity-related conditions prior to treatment and the potential side effects and interactions of medicines the service may prescribe.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

**We rated caring as Good**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- Interpretation services were available for patients who did not have English as a first language. Staff described how they have provided verbal information and recorded the taking of verbal consent where the patient had limited reading abilities. We saw information on their website explaining the service had translation services available and longer appointments were scheduled when translation services were used. Information leaflets were available in easy read formats and other languages, to help patients be involved in decisions about their care.
- Patients provided feedback through the CQC's 'Give feedback on care' webpage. They told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand. For example, staff explained how information had been provided verbally and verbal consent had been taken and recorded where the patients were unable to read.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff at the service told us they encouraged patients to use a private room without distractions when they were having their consultation with clinical staff. Thus, replicating the privacy of a face to face consultation.

# Are services responsive to people's needs?

**We rated responsive as Good**

## **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 provider understood the needs of their patients and improved services in response to those needs. Staff explained how verbal consent had been taken and recorded when a patient was unable to read.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service explored the use of different delivery addresses and how the charges would appear on bank and credit card statements.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

## **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. Staff treated patients who made complaints compassionately.
- 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Due to a few incidents involving the delivery of medicines, the preferred delivery address was confirmed for each delivery with patients.
- The service had signed up to an adjudication service. These are voluntary schemes. They provide independent complaint adjudication for clients who are not happy with how their complaint has been handled by an independent healthcare provider.

# Are services well-led?

**We rated well-led as Good**

## **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 and future 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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff. The service was planning to invite the GPs of patients they were supporting to a series of virtual forums to discuss the medical treatments available to aid weight loss.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, when tracing undelivered medicines. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Each week, staff were encouraged to complete a short wellbeing survey. This ensured managers were aware of the wellbeing of staff across the organisation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

# Are services well-led?

## 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Through audit and peer review, changes were made to reduce the likelihood of errors in the dispensing and packaging processes.

## Managing risks, issues and performance

### **There were clear and effective clarity around processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. Recent learning from incidents included the need to cross reference medical conditions patients had not declared with medicines they said they were taking.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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, the public, staff and external partners to support high-quality sustainable services.**

# Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service used a publicly accessible feedback tool. The staff monitoring the feedback site would review the published feedback. The service would contact people who published negative feedback to understand their concerns and attempt to resolve them. Positive feedback was also collected and shared with the team and individuals where they could be identified.
- Staff could describe to us the systems in place to give feedback. Feedback was provided through virtual team meetings, virtual one to one meetings or via the weekly wellness survey. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff told us since moving to homeworking communication within the service had improved.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. Through the clinical review programme, the service assessed the effectiveness of their weight loss programmes. They had also compared their programmes to other weight loss programmes and the relative effectiveness of the medicines they prescribed.