

# Codegrange Limited

# National Slimming Centres (Brighton)

## Inspection report

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## Overall summary

We carried out an announced focused inspection of National Slimming Centres (Brighton) on 10 April 2018. This inspection was carried out to check that the service had made improvements to meet legal requirements following our comprehensive inspection on 6 June 2017. We reviewed the service against three of the five questions we ask about services: is the service safe, effective and responsive? 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 effective?**

We found that this service was providing effective 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.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC inspected the service on 6 June 2017 and asked the provider to make improvements regarding safeguarding service users from abuse and improper treatment. We checked these areas as part of this focused inspection and found this had been resolved.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction. At National Slimming Centres (Brighton) 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

# Summary of findings

There were 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

# 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.

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.

### **Are services effective?**

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

Patient records were sampled to review weight changes over a 12 week period.

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

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

Telephone translation services were available and patient information leaflets were available in English and three other languages.

# National Slimming Centres (Brighton)

## Detailed findings

### Background to this inspection

We carried out an announced focused inspection of National Slimming Centres (Brighton) on 10 April 2018. This inspection was carried out to check that the service had made improvements to meet legal requirements following our comprehensive inspection on 6 June 2017. This report only covers our findings in relation to those requirements.

The team was led by a CQC pharmacist specialist and included a second member of the CQC medicines team.

Before visiting, we reviewed the action plan submitted to us by the provider. During the inspection, we interviewed the manager and reviewed documents and patient records.

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

- Is it safe?
- Is it effective?
- Is it responsive to people's needs?

This is because the service was not meeting some legal requirements.

# Are services safe?

## Our findings

### Safety systems and processes

At the previous inspection in June 2017, we found the service did not have robust systems and processes in place to keep people protected and safeguarded from abuse. At our inspection 10 April 2018, staff told us 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.

Staff told us during the June 2017 inspection that the receptionist and manager were able to act as chaperones. However, they had not received any specific chaperone training. At our inspection in April 2018, staff told us the company had reviewed the provision of chaperones and had not identified any occasion when patients had requested a chaperone. Therefore, patient chaperones were no longer offered.

### Safe and appropriate use of medicines

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 manufacturer’s 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 Centres (Brighton), 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 edition 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.

Staff ordered, prescribed, dispensed and disposed of controlled medicines appropriately.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring care and treatment**

At the previous inspection in June 2017, we were not shown any audits to assess weight loss. When we inspected in April 2018 we were shown a six monthly review of patient

records to identify and monitor their weight change over a 12 week period. Of the 20 patients reviewed, 10 had met or exceeded the weight loss outcome measure of at least 250g per week and two were was not currently receiving treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

At our previous inspection in June 2017, staff told us they relied on patients using a family member to act as a

translator and patient information leaflets were only available in English. At our April 2018 inspection, staff told us that they had access to a telephone translation service and patient information leaflets were available in Polish, Welsh and Punjabi.