

Slim Holdings Limited

# National Slimming & Cosmetic Clinics

## Inspection report

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## Overall summary

This inspection was an announced focused inspection carried out on 20 April 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 August 2017. This report covers our findings in relation to those requirements and any additional improvements made since our last inspection.

Our key findings were as follows:

- The manager had reviewed arrangements for chaperoning and had identified that it was not needed at this service.
- The Doctors Manual had been reviewed with regard to current guidance to consider additional patient risks, due to a combination of BMI (body mass index) and additional co-morbidities.
- The manager completed regular weight loss audits. There were plans to implement clinician sessions to support the sharing and implementation of learning from these across the clinics.
- The provider told us they had reviewed their approach to medical emergencies due to the prescribing of a

new medicine at the clinic. The clinic had an emergency resuscitation chart and clinic staff would call the emergency services should someone become unwell.

- The registered manager was the Safeguarding Lead and all clinical and reception staff had completed Adult and Children's Safeguarding training.

However, there were also areas of practice where the provider needs to make improvements.

At our previous inspection on 7 August 2017 we found that the provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This related in particular to recruitment, safeguarding and learning from clinical audit. At this inspection we found that governance arrangements were improving but effective systems and processes relating to recruitment had not been fully established.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care in particular relating to recruitment.

In addition the provider should:

# Summary of findings

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Monitor and audit the implementation of Liraglutide prescribing to ensure that clinic protocols are consistently adhered to.

You can see full details of the regulations not being met at the end of this report.

# 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 well-led?**

We found that this service was not providing well-led care in accordance with the relevant regulations.

We found areas where improvements must be made relating to the provision of safe, well led treatment. This was because the Provider had not made arrangements to ensure consistent adherence to clinic policies with regard to recruitment.

# National Slimming & Cosmetic Clinics

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection at National Slimming and Cosmetic Clinics – Bradford on 7 August 2017. The full comprehensive report on the August 2017 inspection can be found by selecting the ‘all reports’ link for National Slimming and Cosmetic Clinics – Bradford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focussed inspection carried out on 20 April 2018 to review in detail the actions taken by the clinic to improve the quality of care and to confirm that the clinic was now meeting legal requirements and regulations associated with the Health and Social Care Act 2008 in relation to the breaches in regulations that we identified in our previous inspection on 7 August 2017. Our inspection team was led by a member of the CQC medicines team, and was supported by another member of the CQC medicines team. This report covers our findings in relation to those requirements and any additional improvements made since our last inspection.

National Slimming and Cosmetic Clinics – Bradford is a private slimming clinic for adults. The service operates from a ground floor consulting room, with separate reception and waiting area on North Parade in Bradford. The clinic is open on Wednesdays from 9am to 3:45pm, Thursdays from 2pm to 6pm and on Friday and Saturday mornings.

There were two receptionists and three part-time doctors; one doctor was available at each clinic session. The clinic manager was also 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.

Our key findings were as follows:

- The manager had reviewed arrangements for chaperoning and had identified that it was not required at this service.
- The Doctors Manual had been reviewed with regard to current guidance to include reference to patients at additional risk due to a combination of their BMI and additional co-morbidities.
- The manager completed regular weight loss audits and the Provider shared plans to implement Clinician sessions to support the sharing and implementation of learning from these across the clinics.
- The provider told us they had reviewed their approach to medical emergencies due to the prescribing of a new medicine at the clinic. The clinic had an emergency resuscitation chart and clinic staff would call the emergency services should someone become unwell.
- The registered manager was the Safeguarding Lead and all clinical and reception staff had completed Adult and Children's Safeguarding training.

However, there were also areas of practice where the provider needs to make improvements.

At our previous inspection on 7 August 2017 we found that the provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This related in particular to recruitment, safeguarding and learning from

# Detailed findings

clinical audit. At this inspection we found that governance arrangements were improving but, effective systems and processes relating to recruitment had not been fully established.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, in particular relating to recruitment.

In addition the provider should:

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Monitor and audit the implementation of Liraglutide prescribing to ensure that clinic protocols are consistently adhered to

You can see full details of the regulations not being met at the end of this report.

# Are services well-led?

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

## Our findings

### Governance arrangements

At our previous inspection on 7 August 2017 we found that we found that the provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular relating to recruitment, safeguarding and learning from clinical audit.

At this inspection we found that improvements had been made in some areas. The manager was the safeguarding lead and all staff at the service had completed safeguarding training. The service had a safeguarding policy and guidance for staff should referrals be needed.

The manager completed regular audits of clinical record keeping and clinical effectiveness to ensure doctors were operating within clinic policies. The provider and doctor we spoke with told us of plans to introduce a forum for clinicians, to share learning from audit across other clinics in the same group. Investigations of incidents and complaints from other clinics were already shared, to support learning from incidents.

Additionally, the Doctors Manual had been reviewed to provide clearer guidance for prescribers. New protocols had been developed to support the implementation of the prescribing of Liraglutide (Saxenda) injection. Saxenda is licensed for weight management in adults (BMI 30 or BMI 27 with at least one weight-related comorbidity) when used alongside a reduced-calorie diet and increased

physical activity. We reviewed 12 patient medical records, nine of these patients had received Liraglutide. Three patients' notes stated 'supervised first dose'. However, the provider told us that the policy was for injections not to be given in clinic. The provider should monitor and audit the implementation of Liraglutide prescribing to ensure that clinic protocols are consistently adhered to. In addition, one patient's notes showed they had been treated even though they had high blood pressure (BP). Contrary to policy, which states that a further two BP readings should be taken, only a single BP reading had been taken. However, their BP was measured again at the next visit and although still high, had reduced. A note had been added to continue to monitor the patient's BP.

No new substantive employees had been recruited at the clinic since our previous inspection. However, we found clinic recruitment processes had not been adhered to for the re-employment of a locum doctor, who had previously been employed by the clinic. Records held on file had not been checked and updated prior to re-engaging the doctor. The registered manager was unable to provide GMC number, DBS check, references or evidence of safeguarding training to show the doctor was safe to work. We raised this with the provider and this was promptly addressed.

The provider told us they had reviewed their approach to medical emergencies due to the prescribing of a new medicine (Liraglutide) at the clinic. The clinic had an emergency resuscitation chart and clinic staff would call the emergency services should someone become unwell.

This section is primarily information for the provider

## Requirement notices

### 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.

Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The provider did not have adequate systems and processes in place to ensure consistent adherence to clinic policies with regards to recruitment.</b></p>