

Slim Holdings Limited

National Slimming & Cosmetic Clinics

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of this service on 20 September 2017 where breaches of legal requirement were found. After the inspection, the service wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We undertook this announced focussed inspection on 20 April 2018 to check that they had followed this plan and to confirm that the legal requirements had been met. This report only covers our findings in relation to those breaches in regulation. The last comprehensive inspection report can be read by selecting 'all reports' link for National Slimming and Cosmetic Clinics Middlesbrough on our website at www.cqc.org.uk.

Our findings were:

- We saw that improvements had been made in medical record keeping and prescribing practices
- A system was in place to ensure the effective monitoring and quality improvement of service being provided at the clinic.
- The provider had taken a decision not to offer chaperoning at the clinic.
- All staff had completed safeguarding training.
- A system was in place to ensure recruitment checks were completed prior to employment.
- A system was in place to contact patient's registered GP to share information about their treatment at the clinic.

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

- Review the doctors manual in line with national guidance.

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.

Are services effective?

We found that this service was providing effective 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.

National Slimming & Cosmetic Clinics

Detailed findings

Background to this inspection

We undertook an announced focused inspection of National Slimming and Cosmetic Clinics Middlesbrough on 20 April 2018. The inspection was carried out to check that improvements had been made at the service following our comprehensive inspection on 20 September 2017. The inspection in September 2017 identified that the service was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The team was led by a CQC pharmacist specialist and included a second CQC pharmacist specialist.

Before visiting, we reviewed the action plan, which had been submitted to us by the provider. During the inspection, the methods we used were interviewing the registered manager and doctor, and a review of documents and medical records.

Are services safe?

Our findings

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

Safety systems and processes

At the previous inspection, Chaperoning was provided on an ad-hoc basis and no training had been provided. Staff told us that chaperoning was rarely asked for. At this inspection, the clinic stated the provider as a whole had

decided that chaperoning was no longer to be offered. This was also documented in their action plan. If a client was to request a chaperone then the clinic would rebook their appointment and request a relative or friend to attend with the client.

At the previous inspection, we found that staff could not confidently describe their roles and responsibilities with respect to safeguarding. At this inspection, all staff had undertaken on line refresher training in both vulnerable adult and child safeguarding. A record of training was seen.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

At the previous inspection, we found that prescribing was not always in line with the doctors manual or clinic policy. Health checks were not always completed regularly or after breaks in attendance or treatment, which was recommended in the provider's policy and product literature. Documentation was poor and did not evidence why decisions to deviate from policy had been made.

The doctors manual had been reviewed and updated since the previous inspection. However the updated manual was not NICE compliant as comorbidities and BMI ranges for treatment were not inline with NICE recommendations .

At this inspection, we reviewed 20 patient records. We saw treatment breaks had been recorded in the records where necessary. Medical histories were confirmed upon restarting medicines. And prescribing was in line with the criteria set out in the providers policy. BMI ranges were calculated correctly and monitoring of blood pressure took place in line with the provider's policy. Although records were still brief, there was an improvement from the previous inspection.

Monitoring care and treatment

The clinic completed a clinical records audit every three months and a quality assurance audit every six months. The clinic manager completed the audits and the doctor reviewed and signed off the audits. The quality assurance audit was used to check compliance with the doctor's

manual. The doctor's manual described what the minimum weight loss over a 12-week period could be and the doctor checked this audit to ensure compliance with the policy. From the audits we looked at all patients had achieved the target weight loss set out in the policy.

Coordinating patient care and information sharing

At the last inspection, information regarding medicines prescribed at the clinic was not routinely communicated to patient's registered GP. At this inspection, the provider had introduced a new method of communicating the importance of information sharing. New patients were asked to read a one page summary before seeing the doctor. This was then discussed as part of the first consultation; if the patient consented then a letter was sent to the GP. We saw evidence that GP letters were being sent and of the 10 records we looked at, eight had consented for communication to be sent which, was an improvement on the last inspection where no clients had consented.

The provider had developed an information sheet for GPs detailing the treatments provided by the clinic, common side effects and contra-indications.

Consent to care and treatment

At the last inspection, we found that consent and medical history was not always reviewed after a treatment break. At this inspection, we found that reviews were taking place in line with the provider's policy and consent was clearly documented in the patients care record at their first visit.

The doctor understood and could describe the decisions made regarding the Mental Capacity Act 2005 however; capacity assessments had not been documented in notes.

Are services well-led?

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

Our findings

We found that the service was providing well led care in accordance with the relevant regulations.

Leadership capacity and capability;

The service had a 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.

The clinic used the provider's policies and procedures. Access to policies was available electronically as well as via paper copies. The doctor's manual had recently been updated and we saw evidence of the new manual being available for use.

Governance arrangements

Recruitment processes were completed by head office. The registered manager described the process that was completed and this was in line with the information provided in the action plan. No new staff had joined the clinic since our last inspection.

Managing risks, issues and performance

At the last inspection we could not be assured that the providers quarterly update communication was passed effectively to the doctors. At this inspection, we could see that the doctor was embedded in the process at a provider level and had access to information cascades.

At the previous inspection, we could not be assured that systems were in place to share learning from audit to improve quality and safety at the service. At this inspection we saw that the audits continued to be completed by a non-clinician, however patient codes were now recorded to ensure a variety of charts were looked at. In addition, the doctor now reviewed and signed the audits upon completion. The doctor was also able to make comment if required. Of the audits we looked at, none required any additional comments from the doctor.

Engagement with patients, the public, staff and external partners

The clinic had introduced a new method of gaining consent to contact GPs. The new system was robust and the clinic described how the change had a positive impact on the number of patients now consenting to the clinic contacting their registered GP. The clinic was mindful that appetite suppressants had not been available on the NHS for some time and provided GPs with a summary document detailing the nature of the medicines being prescribed, contraindications and side effects.