

Southern Slimming and Cosmetic Clinics Limited

Southern Slimming & Cosmetic Clinics Limited (Bournemouth)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 16 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

Southern Slimming and Cosmetic Clinics (Bournemouth) provides advice on weight loss and prescribed medicines to support weight reduction. The clinic consists of a reception, three consulting rooms, staff kitchen area and toilet; and is located on the ground floor of a commercial and office building near to the city centre. Staff include a clinic manager, four part-time doctors and two receptionists. The clinic is open six days a week, including Saturdays

Summary of findings

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 Southern Slimming and Cosmetic Clinics (Bournemouth) 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.

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.

Patients completed CQC comment cards to tell us what they thought about the service. We obtained feedback about the clinic from 33 completed comment cards. The observations made were all positive and reflected that

patients found staff to be friendly, helpful and efficient. 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:

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Review the need for appraisals of clinical staff.
- Review and risk assess the appropriateness of having a family member as a translator.

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.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider should only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

The clinic had processes for reporting, learning, sharing and improving from incidents. Staff had received adult and children safeguarding training, guidelines for medical emergencies were available and accurate records were kept. The clinic was clean and tidy and infection control audits were undertaken. Governance was in place around medicines security.

Are services effective?

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

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider should review the need for appraisals of clinical staff.

Doctors screened and assessed patients prior to treatment. All staff had received relevant training to enable them to carry out their roles. The clinic contacted the patients' GP to share relevant information when they gave permission. Staff at the clinic ensured that individual consent was obtained prior to the beginning of treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Patients were very positive about the service provided at the clinic and 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.

We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider relied on patients to provide their own translators.

The facilities and premises were appropriate for the services being provided. We saw evidence that staff had been trained to be aware of patients with protected characteristics, for example age, race, disability and sexual orientation. Patients could call or walk in to book appointments. The clinic had a system for handling complaints and concerns.

Are services well-led?

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

Staff felt supported to carry out their duties.

Summary of findings

Staff were able to describe how they would handle safety incidents and were aware of the requirements of the duty of candour. Duty of Candour requires service to be open and transparent with patients in relation to their care and treatment. 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 and used this information to drive improvement.

Southern Slimming & Cosmetic Clinics Limited (Bournemouth)

Detailed findings

Background to this inspection

We carried out this inspection on 16 November 2017. The inspection was led and supported by three members of the CQC medicines team.

Before visiting, we looked at a range of information that we hold about the clinic. We reviewed the last inspection report from November 2013 and information submitted by the service in response to our provider information request. During our visit we talked to patients who used the service, interviewed staff, observed practice and reviewed 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

Safety systems and processes

There was a safeguarding policy in place, which included the safeguarding team contact details at the local authority and was accessible to staff. All staff had received training in adult and child safeguarding and could tell us what action they would take in the event of a safeguarding concern. On the day of inspection, the manager was part way through level three safeguarding training. We saw evidence that this was completed within a week of the inspection.

Staff personnel files demonstrated that a safe recruitment process was followed. Files contained full employment history and evidence of conduct in previous employment through references. 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 had up to date revalidation with the General Medical Council.

The service had decided that patient chaperones were not required following risk assessment and no requests from patients.

The premises were clean and tidy with an infection control policy in place. 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 sink for handwashing and supplies 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 and stored appropriately. The service held an on-going contract with a clinical waste contractor and had the required exemption from the Environment Agency to authorise denaturing of controlled drugs before disposal.

The premises were in a good state of repair. All electrical equipment was tested to ensure that it was safe to use. Clinical equipment was checked to ensure it was calibrated and working properly.

Risks to patients

Staffing levels were sufficient to meet patients needs. The doctors worked in other locations for the same provider so were able to be relatively flexible. Reception staff covered each other's absence. This ensured continuity of staff which patients appreciated.

Staff were trained and had an understanding of emergency procedures. A fire risk assessment was in place. Fire equipment was available with a service schedule, which was followed. There was a fire evacuation policy displayed in the waiting area. This was a service where the risk of having to deal with a medical emergency was low. Staff could explain their responsibilities to identify and respond to medical emergencies and this had been risk assessed. In the event of a medical emergency, staff would call the emergency services and were aware of local urgent care provision.

We saw evidence that the provider had indemnity arrangements in place to cover potential liabilities that may arise.

Information to deliver safe care and treatment

Appointments were booked using a computerised system. Patients' medical information, clinical notes and record of medicines supplied were recorded on written individual record cards. The cards were stored securely at the clinic and access was restricted to protect patient confidentiality.

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 manufacturers 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

Are services safe?

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 Southern Slimming and Cosmetic Clinics (Bournemouth) 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 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.

We saw that staff were following their medicines management policy and that medicines were stored, packaged and supplied to patients safely. Medicines were ordered and received when there was a doctor on the premises. They were packaged into appropriate containers by a second member of staff under the supervision of the doctor. We saw the orders, receipts and prescribing records for medicines supplied by the clinic. The medicines were checked after each clinic session to confirm that all the necessary records had been made. A separate weekly stock check was also carried out. Medicines prescribed by the doctor they were supplied in appropriate labelled containers which included the name of the medicine,

instructions for use, the person's name, date of dispensing and the name of the prescribing doctor. A record of the supply was made in the person's records. Patients were given information leaflets about their prescribed medicines. We reviewed ten medical records, and saw that no patients under the age of 18 were prescribed medicines for weight loss.

Track record on safety

Although there was an incident policy and reporting form, we were told that there had not been any significant events; therefore there were no completed incident reports. Safety of the service was monitored using audits to check accuracy of patient's record cards and medicines stock levels.

Lessons learned and improvements made

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. Staff told us the provider circulated an incident summary report every three months. These contained anonymised details of incidents reported, investigated and shared learning across the company.

The provider was aware of and complied with the requirements of the duty of candour. Duty of candour requires service to be open and transparent with patients in relation to their care and treatment. The service had systems in place for knowing about notifiable safety incidents and responding to relevant patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We checked ten patient records. We saw that information was collected during the initial consultation including past medical history, weight, height, blood pressure, blood glucose level and any medicines the patient was taking. The doctor discussed the treatments available, including common side effects to the medicines. Patients were provided with written information about medicines in the form of a patient information leaflet. Their body mass index (BMI kg/m²) was calculated and target weights or goals agreed and recorded. Their waist circumference was also measured if their BMI was below 30 kg/m².

The assessment protocol used by the clinic stated if a person's BMI was above 30 kg/m² they would be considered for treatment with appetite suppressants and if they had other defined conditions then treatment could start if their BMI was above 27 kg/m². If the BMI was below the level where appetite suppressants could be prescribed, the clinic provided dietary advice and also had a herbal supplement for sale. We saw evidence that patients were not prescribed medicines if there was a clinical reason to do this, for example: high blood pressure or if the person was already taking a medicine which meant that they could not have any new medicines prescribed from the clinic.

Monitoring care and treatment

Information about the outcomes of patient care was collected by a six monthly quality assurance audit. We saw that 20 patient records were reviewed to identify and record weight lost since the start of treatment or since the last treatment break. Of the 20 patients reviewed eight were not currently receiving treatment and the remaining 12 met the weight loss outcome measure of at least 0.5 lb per week.

Effective staffing

Doctors undertook consultations with patients, prescribed and supplied medicines. Staff records showed that they had the appropriate qualifications and additional training. Reception staff received annual performance reviews and in-house appraisals. The provider checked the doctor's revalidation and recorded their GMC appraisal. The manager explained that they have meetings with the doctors as issues arise but there was no in-house appraisal process for the doctors.

Coordinating patient care and information sharing

We saw that the clinic contacted the patient's GP if they agreed to this. Information was shared relating to the treatments being prescribed and supplied. If patients did not agree to this they were given a letter which they could share with their GP if they chose. Doctors only prescribed medicines to patients aged over 65 if the GP had been contacted and were in agreement to the treatment.

Supporting patients to live healthier lives

Patients had access to a range of dietary advice to help with weight loss. Staff told us that patients were referred to their GP if they were unsuitable for treatment, for example because of high blood pressure or high blood sugar levels.

Consent to care and treatment

Consent to treatment was obtained from patients at the initial consultation and recorded on patient's medical cards. 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. Patients had to sign to confirm they would inform clinic staff of any change in their health or circumstances and take reasonable precautions not to become pregnant during treatment with appetite suppressants.

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

Kindness, respect and compassion

We observed staff at the clinic being polite and professional. We received 33 comment cards from patients telling us how they felt about the service. All were positive and demonstrated that staff were helpful and friendly. Patients were satisfied with the treatment they received at the service. We spoke with two patients on the day of the inspection who also told us they were satisfied with the service provided. One patient described how they felt supported for the first time to be able to make holistic changes to their lifestyle, which could help with weight loss.

Involvement in decisions about care and treatment

Staff communicated verbally and through written information to ensure that patients had enough information about their treatment. Patients told us that they were involved in decision-making and had sufficient time in their consultations to make informed choices about their treatment. Patients were encouraged to set treatment goals or weight loss targets and achievement of those goals was celebrated in the clinic.

Privacy and Dignity

There was a confidentiality policy and staff could explain how they would protect patient's privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The facilities and premises were appropriate for the clinic being provided. The clinic was located on the ground floor of the building with wheelchair access through the rear entrance. Records showed that staff had received equality and diversity training. However, information and medicine labels were not available in large print to help patients with a visual impairment. An induction loop was not available for patients with hearing difficulties.

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 how they communicated with patients who spoke another language. The manager told us that patients usually brought a family member to act as a translator. This meant that the doctor could not be assured that information was being relayed accurately.

Timely access to the service

The clinic was open six days a week with doctor's appointments for weight management available at various times to suit patients' requirements.

Listening and learning from concerns and complaints

The clinic had a complaints policy and information was available to patients in the waiting room about how they could complain or raise concerns. No complaints or concerns had been received. The clinic undertook a patient satisfaction survey to identify patient feedback.

Are services well-led?

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

Our findings

Leadership capacity and capability

The registered manager had worked at the clinic for many years and was respected by colleagues. They had the skills and experience needed to ensure safe delivery of the weight management service.

Vision and strategy

Although there was no corporate vision or set of values, the manager described the aim of the service as helping patients and supporting them to lose weight through a safe service of prescribed medicines and dietary advice. This led to improved self-esteem, confidence and health outcomes.

Culture

The manager promoted a culture of learning and improvement through audit. All the staff we spoke to, including the doctor, felt supported, respected and valued by the provider and patients. It was clear from patient feedback that the culture centred on the patients experience. Staff were very positive and proud to work in the service.

Staff had an awareness of the requirements of the duty of candour regulation. Observing the Duty of Candour means that patients who use the clinic are told when they are affected by something that goes wrong, given an apology, and informed of any actions taken as a result. Staff were encouraged to be open and honest and were able to demonstrate this.

Governance arrangements

The clinic had a number of policies and procedures to govern activity and these were available to the doctors and staff. Staff understood their role within the clinic and interacted appropriately.

Managing risks, issues and performance

The registered manager had responsibility for the day to day running of the clinic and there were regular audits of different aspects of the service. The manager fed back outcomes from the audits to staff and discussed changes to practice. The provider had undertaken a risk assessment prior to the installation of non-recording CCTV within the waiting area with signs to inform patients of its presence. The provider was registered with the Information Governance Commissioner.

Appropriate and accurate information

Information about medical history and medicines use was provided from patients. The doctor highlighted that a challenge to quality was sharing information with a patients GP but also gave an example where this was achieved for overall patient benefit. Information was audited for assurance rather than service improvement.

Engagement with patients, the public, staff and external partners

Patient feedback was obtained through satisfaction surveys. The results of the survey were analysed each year and used to drive improvement. There was also a feedback box located in the reception area and patients were encouraged to share their views. Staff described how they could suggest changes to systems and processes

Continuous improvement and innovation

The doctor explained how they contribute to training and shadow other prescribers. They were developing a 'sharing forum' between all the provider's clinical staff to share learning and best practice.