

Slim Holdings Limited

# National Slimming & Cosmetic Clinics

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 27 June 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 not 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.

National Slimming and Cosmetics Clinic Northampton provides a private weight reduction service for adults and supplies medicines and dietary advice to the patients who use the service. The service operates from a first floor clinic in Northampton town centre. It is open from 10.30am to 6pm on Tuesdays, 9am to 2pm on Fridays and 9am to 1pm on Saturdays.

National Slimming and Cosmetics Clinic (NSCC) Northampton is one of 27 NSCC clinics across the UK. The service was staffed by two female doctors, one available at each session, a manager and a receptionist. The manager was the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We collected feedback about the service from nine patients through comment cards and speaking to patients during the inspection. Patients said the service was helpful and friendly and that staff gave good advice.

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 NSCC Northampton, 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:**

- Prescribing was in line with an agreed clinical protocol and comprehensive records were maintained
- Staff were trained in safeguarding vulnerable adults and aware of their responsibilities
- The premises were suitably equipped, and were clean and welcoming
- Patients were provided with a range of information on diet, exercises and any medicines that were prescribed
- Patients told us that staff were kind, helpful and supportive

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

- Review risk assessments regarding the need for chaperones and ensure that if they continue to offer the service, staff are appropriately trained.
- Review risk assessments with regard to medical emergencies
- Review the need for a suitably qualified safeguarding lead
- Review the process for recording the checks made prior to employing staff
- Review the process for recording medicines so that stock discrepancies are not recorded as disposed of when this is not the case, and bottles containing different numbers of tablets are not totalled together.
- 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

The provider complied with the duty of candour. Staff were trained in safeguarding vulnerable adults and were aware of their safeguarding responsibilities towards any children who may accompany an adult attending the clinic. Medical records were completed clearly for continuity of care and medicines were stored securely.

We found areas where improvements should be made relating to the safe provision of treatment. The provider had no record of the pre-employment checks for a member of staff, they offered a chaperone service but had not ensured that staff were trained, and the records relating to medicines stock did not provide a clear audit trail.

### **Are services effective?**

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

There was a prescribing protocol which we saw was followed, and full records were kept of consultations and treatment supplied. Patients were encouraged to inform their GP if they were prescribed treatment although some chose not to do so, and they were provided with a range of information before consenting to treatment.

### **Are services caring?**

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

Patient comments and survey results were positive. They were given information on the costs of treatment, and about diet and exercise to support their weight loss.

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

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

The provider collected feedback on the service through a patient survey, and had adjusted their opening times based on the results. Patients were given a contact number in case of any concerns about their treatment when the clinic was closed.

### **Are services well-led?**

We found that this service was not providing well-led care in accordance with the relevant regulations because they had not reviewed the need for a suitably trained safeguarding lead and they had not identified and investigated discrepancies with medicines records and employment documents. The impact of our concerns is minor for patients using the service in terms of the quality and safety of clinical care. The likelihood of this occurring in future is low once it has been put right.

Staff had annual appraisals and undertook training and professional development. The provider carried out regular audits on record keeping, and a quarterly review of incidents across the company which was shared with all staff. Policies were in place and reviewed regularly.

# National Slimming & Cosmetic Clinics

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection at NSCC Northampton on 27 June 2017. The team was led by a member of the CQC medicines team and included another member of the medicines team.

Before visiting, we reviewed a range of information that we hold about the service which included information from the provider.

The methods that were used were talking to patients using the service, interviewing staff, observation and review of 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

### Reporting, learning and improvement from incidents

We saw the service had a policy in place which complied with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff were not familiar with the phrase duty of candour but were aware of the need for openness and honesty. The manager told us that there had been no incidents in the last 12 months but the policy covered the need to give affected patients reasonable support, truthful information and a verbal and written apology.

The service had systems in place for knowing about notifiable safety incidents.

We were told that patient safety alerts were received by email and actioned as necessary by the registered manager with support from the head office. The doctor also received the alerts.

### Reliable safety systems and processes (including safeguarding)

We saw records to show that staff had been trained in safeguarding and the manager told us they would seek support from the head office if needed. Although the service only treated adults, staff demonstrated an understanding of safeguarding responsibilities towards any children who may accompany adults to appointments and the doctor had completed training in safeguarding children. However there was no designated safeguarding lead, and no-one trained to the level required to undertake this role. There was a policy which included the relevant local authority reporting process and contact details.

### Medical emergencies

This is a service where the risk of a medical emergency arising was low however no risk assessment had been carried out with regards to what may be needed in the event of a medical emergency. The doctors were trained in basic life support and staff told us they would call the emergency services if further treatment necessary. There was a first aid kit and an accident book.

### Staffing

We reviewed two personnel files. For one of the doctors we saw that the appropriate recruitment checks had been

made including proof of identity, references from previous employment, qualifications and registration with the appropriate professional body. However for another member of staff the records were incomplete and although the member of staff told us that they had signed a contract, submitted proof of identity and completed an induction checklist, there were no records to confirm this and the provider was not able to supply them following the inspection. Checks with the Disclosure and Barring Service had been made for all staff, in line with the service's policy.

The doctor was registered with the general medical council, was up to date with revalidation and had regular appraisals with a responsible officer.

The safeguarding policy included the provision of chaperones and we saw a notice in the waiting room offering the service. Staff told us they had not been asked to provide the service however they had not been trained to do so should the need arise.

### Monitoring health & safety and responding to risks

#### Infection control

We observed the premises to be clean and tidy, and patients told us they were happy with the level of cleanliness. There was no evidence that staff had undertaken infection control training or carried out an infection control audit although the risk of infection was extremely low. Handwashing facilities were available in the consulting rooms, and there was a toilet with handwashing facilities available for staff and patients.

Cleaning was carried out according to a schedule, and records were maintained as detailed in the policy.

#### Premises and equipment

The premises looked to be in a good state of repair. Fire risk assessments and fire alarm and equipment checks were carried out regularly. A legionella risk assessment had been carried out.

Electrical testing was carried out annually.

Equipment such as medical scales and blood pressure monitors had not been calibrated at the time of our inspection but the service provided certificates to show that these were checked the week following our inspection.

#### Safe and effective use of medicines

## Are services safe?

The doctors at this service prescribed diethylpropion hydrochloride, phentermine or orlistat.

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.

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.

Medicines can also be made under a manufacturers special 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 NSCC Northampton we found that in addition to the licensed medicines above, some patients were treated with

diethylpropion modified release tablets 75mg or phentermine tablets modified release 15mg and 30mg, which are 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.

We checked how medicines were stored, packaged and supplied to patients. We saw medicines were stored securely in the possession of the prescribing doctor. Medicines were dispensed into appropriately labelled containers. Records were kept of the packing process and of medicines supplied to patients, however we found that the records related to the total number of bottles rather than the total number of tablets. As the bottles contained different quantities of tablets the records did not clearly show the number of tablets in stock. Staff audited the records but the reasons for any discrepancies were not always investigated and recorded. For example a record showing there were fewer tablets than expected gave the reason as ‘disposal’ which staff explained was what they would record if there was an excess of tablets in a container received from the manufacturer. There had been no investigation into the reason why on this occasion a lower than expected number of tablets was recorded.

Waste medicines were denatured before disposal in line with Controlled Drugs regulations, but the service did not have the appropriate exemption certificate from the Environment Agency for this process.

The medicines management procedure did not include details of the local Controlled Drugs Accountable Officer and the service was unaware that they needed to report concerns to them.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

The service only treated adults aged 18 and over and we saw that they requested proof of identity.

The service had a protocol in place covering assessment, diagnosis and treatment. We checked seven patient's records and saw that the protocol was followed, however the service had not conducted any clinical audits to assess the effectiveness of the treatment and identify any quality improvement outcomes. Record cards were completed with medical history, blood pressure, weight and height. Body mass index was calculated and target weights agreed. The doctor checked for contraindications to treatment such as high blood pressure or body mass index below the criteria for treatment with appetite suppressants. When prescribing appetite suppressants, the doctor gave advice on possible side effects and what to do if they occurred.

The doctor told us, and the records we looked at confirmed, that there was a break between courses of treatment at least every 12 weeks.

### Staff training and experience

The doctors were all on the General Medical Council register. The doctor we spoke with did not have specific qualifications in obesity management but they had undertaken relevant professional development and had appropriate reference sources and guidance available.

### Working with other services

The doctor told us they strongly advised patients to inform their GP about their treatment at the service, particularly when new medicines were prescribed. We saw a letter template which was used to communicate with the GP, with the patient's consent, and records were kept when a letter was issued. However not all patients wanted their GP to know about their treatment and the service did not routinely request GP contact details.

### Consent to care and treatment

Patients were asked to sign a form to confirm that they consented to treatment.

The service prescribed some unlicensed medicines. Medicines are given licences after trials which show they are safe and effective for treating a particular condition. Use of unlicensed medicines is a higher risk because less information is available about the benefits and potential risks. Information about this was provided to patients in the registration form, and leaflets provided with the medicines.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Patients we spoke to or who completed comment cards told us what they thought about the service. We received comments from nine patients which were all positive. They said the staff were kind, helpful and supportive and that the doctor was thorough.

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

Patients told us they were given information about their treatment. A range of information on diet and exercise was available in the waiting room, and patients who were prescribed appetite suppressants were given leaflets which included possible side effects of treatment.

Information on the costs of treatment were set out in a leaflet which was given to patients at their first appointment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients told us that their needs were met by the service provided at the clinic. A receptionist was available in the waiting area which was spacious with comfortable seating.

The provider carried out an annual patient survey to ensure that they understood the needs of their patients, and a form was available for patients to complete if they wished to make suggestions. Staff told us that the opening hours had been changed recently as a result of patient feedback.

### Tackling inequity and promoting equality

The clinic was on the first floor with stair access only. Staff told us this would be explained to new patients when they first contacted the service.

There had been no significant demand for the service from patients who did not speak English and the provider had not made adjustments for this although the doctors were able to speak some other languages. Staff told us that a patient would be able to bring a family member as an interpreter if they wished. However this would mean the doctor had no assurance that information was being relayed accurately.

Staff told us that there was a group of patients who had difficulty reading and writing. They were given help to complete their registration forms, and the doctor would be informed so they could give the patients a full verbal explanation of the treatment options. Information could be printed in a larger font for patients with a visual impairment.

### Access to the service

The clinic is open from 10.30am to 6pm on Tuesdays, 9am to 2pm on Fridays and 9am to 1pm on Saturdays.

When the Northampton clinic was closed, patients could contact a central NSCC number for advice.

### Concerns & complaints

There had been no complaints in the last year. One person we spoke to said they had not needed to make a complaint but knew how to do so. There was a complaints policy and a notice in the waiting room giving details of how to complain. This information was also available in leaflets given to patients.

# Are services well-led?

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

## Our findings

### **Governance arrangements**

The manager was based at the clinic on the days it was open, and the doctor told us they felt able to discuss concerns with them if needed. Staff could approach colleagues at the head office for additional support. Staff had appraisals which gave them an opportunity to raise any concerns, and there were opportunities for training and development.

Consultations were recorded on record cards which were stored securely.

Regular audits were carried out to monitor the quality of the service, for example an audit of record keeping carried out in April 2017. Minor discrepancies had been identified and corrected. However the provider had not identified and investigated the discrepancies in their records of the medicines stock or the pre-employment documentation.

There were processes in place to record incidents and complaints, but there had been none in the last year.

The provider had a series of policies and procedures in place which were reviewed regularly and up to date. However the policies did not ensure that a member of staff was suitably trained to act as safeguarding lead.

### **Leadership, openness and transparency**

The provider was aware of the requirements of the duty of candour and staff were able to describe the need to be open with patients if things went wrong. Observing the duty of candour means that patients who use the service are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

### **Learning and improvement**

We saw that the provider conducted a quarterly review of incidents across all their locations and summarised what staff could do to reduce the risk of a similar event occurring. This was distributed to all staff.

### **Provider seeks and acts on feedback from its patients, the public and staff**

The clinic collected patient feedback through a questionnaire which showed that patients were satisfied with the service provided, with average scores of four or five out of five in all areas assessed.