

Silhouweight Limited

Slimmingmedics Reading

Inspection report

Unit 4
Chalfont Court
Lower Earley
Reading
RG6 5SY
Tel: 0777 5940255
Website: www.slimmingmedics.co.uk/

Date of inspection visit: 28 February 2019
Date of publication: 03/05/2019

Overall summary

We carried out an announced follow up inspection on 28 February 2019 to ask the service the following key questions; Are services safe and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe 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

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 06 March 2018 and asked the provider to make improvements regarding how they safeguarded service users and how they demonstrated good governance. We checked these areas as part of this follow up inspection and found that some areas remained unresolved.

Slimmingmedics Reading provides weight loss services, including prescribed medicines and dietary advice to

support weight reduction. The clinic is located on the first floor of a shared building in the town centre. The clinic consists of one room which includes a reception and waiting area and a consulting area. The clinic is open for part days, three times a week, on Tuesdays, Thursdays and Saturdays.

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 Slimmingmedics Reading 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.

Our key findings were:

- The provider lacked systems to monitor the quality of care delivered.

Summary of findings

- The provider lacked systems to check that staff delivering the service had the appropriate safeguarding training in place
- The layout of the clinic premises meant that patients' confidentiality was not protected

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure that patient confidentiality is protected

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

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Slimmingmedics Reading

Detailed findings

Background to this inspection

Slimmingmedics Reading is an independent provider of weight management services. Patients can access prescribed medicines as well as advice on diet and lifestyle. The clinic is in Lower Earley, near Reading. It occupies part of the first floor of a shared building which has toilet access. The clinic does not offer step free access to patients. The clinic is open on Tuesday, Thursday and Saturday.

We undertook this inspection on 28 February 2019. Our inspection team was led by a CQC Pharmacist Specialist supported by a Regional Medicines Manager (Pharmacist). Prior to the inspection we reviewed information about the

service, including the previous inspection report and information given to us by the provider. We spoke to clinical and non-clinical staff and reviewed ten patient record cards and a range of governance and policy documents.

We carried out an announced follow up inspection on 28 February 2019 to ask the service the following key questions:

- Is it safe?
- 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

The service did not have clear systems to keep people safe and safeguarded from abuse.

- At the last inspection we found that the provider did not have a safeguarding policy or procedure in place that informed staff of what to do or who to contact if they had a safeguarding concern. At this inspection we found that a safeguarding policy had been written but it did not inform staff of what to do or who to contact if they had a safeguarding concern. A doctor working at the service did not know how to report a safeguarding concern.
- At the last inspection we found that staff did not have relevant safeguarding training at a suitable level for their role. At this inspection we found that the registered manager and one receptionist had undertaken appropriate training. We found that the doctors had not completed training to the appropriate level.
- At the last inspection we found that the service did not offer chaperones. At this inspection we found that a notice offering chaperones was on display and the provider had a policy in place to cover the use of chaperones and their responsibilities. However, the provider had not provided any training to staff about what was expected of them when providing this service and the staff member who would be asked to chaperone patients was awaiting their Disclosure and Barring Service (DBS) check.
- At the last inspection we found that there was no cleaning schedule or record of cleaning undertaken. At this inspection the registered manager provided us with a cleaning schedule and monitoring grid to show that the cleaning schedule had been followed.
- At the last inspection we found that that staff had not undertaken infection prevention and control training. At this inspection we found that staff had received infection prevention and control training.
- At the last inspection we found that there were no systems in place to demonstrate the calibration and maintenance of weighing equipment. At this inspection we were shown correspondence from the manufacturer and evidence about how the weighing equipment was calibrated and maintained.

- At the last inspection we found that there was not a safe recruitment process for reception staff and the need for DBS checks for these staff had not been risk assessed. At this inspection we saw that DBS checks were in place or in process for reception staff in accordance with the provider's policy.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- At the last inspection we found that the provider had not assessed the need for emergency medicines and equipment, or developed a policy detailing how emergencies would be managed should the need arise. Not all doctors had basic life support training and; reception staff did not have basic life support or first aid training. At this inspection we saw that all doctors working in the service had training for basic life support and had delivered some first aid training to reception staff. In the event of a medical emergency, staff would call the emergency services.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The service did not carry out regular medicines audits to ensure prescribing was in line with the provider's guidelines for safe prescribing. The prescriber consistently measured patients' BMI and blood pressure when they were treated at the clinic. The provider had not undertaken a recent audit of the effectiveness of the weight loss treatments prescribed by the clinic. We checked ten prescription record cards at Slimmingmedics Reading. We found that one person was being prescribed medicines for weight loss when their BMI was less than 25. We also found that one person was prescribed medicines for weight loss when their blood pressure was raised. We were told that a one-off measurement would not be adequate to indicate cessation of treatment, but there was no guidance available to help prescribers ensure patients were kept safe. We also found that the prescriber did not re-document consent when people returned after a significant break in treatment. We found that two

Are services safe?

people were given a supply of medicines lasting longer than 28 days. The prescriber had told us that this would only be undertaken in exceptional circumstances, but we did not see that reasons for this were documented.

- Some of the medicines this service prescribes for weight loss are unlicensed. 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. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.
- At the last inspection we found that there were no procedures for the safe and legal disposal of unwanted medicines, including controlled drugs. At this inspection we saw that the provider had obtained containers in which to dispose of unwanted medicines and the appropriate exemption certificate to allow them to process the unwanted medicines.

Track record on safety

The service did not have a good safety record.

- At the last inspection we found that the provider had not carried out health and safety risk assessments in accordance with their policy. At this inspection we saw there were risk assessments in relation to safety issues. However the service did not monitor and review activity. Patient safety risks were not understood and did not give a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service did not learn and make improvements when things went wrong.

- At the last inspection we found that there was no system in place for recording and acting on significant events or safety incidents. At this inspection we found that an incident log had been started but there was no review or learning from incidents to reduce the likelihood of recurrence.
- At the last inspection the provider did not have arrangements in place to receive, review and act upon patient and medicines safety alerts issued through national systems. At this inspection we found that the provider had signed up to receive alerts and these were shared with doctors working at the service.

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;

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- At the last inspection we found the provider lacked the capacity and capability to run the service with a view to ensuring high quality care. We found that the service had limited systems in place to assess, monitor and improve the quality of the service. At this inspection we found that this had been partially addressed, but there remained only limited understanding of issues and priorities relating to the quality and future of services.

Vision and strategy

The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- At the last inspection we did not see any business plan or strategy for service improvement or staff development. At this inspection we did not see any evidence that this had been addressed and future strategy did not incorporate service improvement.
- At the last inspection there were no minutes of meetings or discussions held with staff around service improvement. At this inspection the provider shared minimal notes of minutes from meetings where service developments were discussed.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- At the last inspection we found that the provider did not have appropriate arrangements to ensure good governance. At this inspection we found that structures, processes and systems to support good governance and management were not clearly set out, understood or effective.
- At the last inspection we found that governance procedures had not identified that patient confidentiality was not protected, as record cards were not stored securely. At this inspection, records were stored securely. However, patient confidentiality was

still compromised as the service operated from a single room, meaning people waiting for an appointment could overhear other patients' conversations with the doctor.

- Leaders had not established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. The compliance policy in use was written by a different provider and dated 2011.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- At the last inspection we found that the provider had no system in place to assess, record, monitor and mitigate the risks relating to the health, safety and welfare of patients. At this inspection we found that although the service had implemented some health and safety checks, they continued to lack an effective process to identify, understand, monitor and address current and future risks, including risks to patient safety.
- At the last inspection we found that the provider had no system in place to monitor clinical care or quality. At this inspection we found that performance of clinical staff could not be demonstrated through audit of their consultations and prescribing.
- At the last inspection we found that the provider did not have a system in place to receive and monitor safety alerts, incidents and complaints. At this inspection there was an incident log in place but no learning or change procedure had been put in place as a result of incidents recorded. The registered manager was registered to receive safety alerts. No complaints had been received since the last inspection.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- At the last inspection we found there were not robust arrangements, in line with data security standards, for the confidentiality of patient identifiable data and records. At this inspection, although patient records were stored securely, there was no system in place to comply with Department of Health and Social Care clinical records retention.

Are services well-led?

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

- The service did not gather performance information and as a result, staff were not held to account. There was no system in place to gather information that could be used to monitor performance. The provider could not demonstrate that the delivery of quality care was accurate and useful for patients?.

Engagement with patients, the public, staff and external partners

The service did not involve patients, the public, staff and external partners to support high-quality sustainable services.

- At the last inspection we found that the provider did not seek feedback about the quality of the experience for people using the service. At this inspection we found

that the provider had sought the views of patients about their experience of using the service, but that service developments and improvements had not been identified from this feedback.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

At the last inspection we found the clinic did not have an effective approach for identifying if, or where, quality or safety was being compromised. For example, there were no audits of prescribing notes, infection prevention and risks, incidents and near misses. At this inspection we saw that steps had been taken towards a system of learning, but this was in direct response to issues identified during inspection and was not robust or embedded.

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 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>How the regulation was not being met:</p> <p>The service did not ensure that discussions about care and treatment were not overheard.</p> <p>This was in breach of Regulation 10 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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>How the regulation was not being met:</p> <p>The service lacked good governance to operate effectively and had no system in place to assess, monitor and improve the quality of the service being provided.</p> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others, which may arise from the carrying on of the regulated activity.</p> <p>The provider failed to ensure that doctors had appropriate safeguarding training.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>