Codegrange Limited

M&K Cosmetic Ltd t/as National Slimming & Cosmetic Clinics

Inspection report

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Overall summary

We carried out an anounced comprehensive inspection on 28 March 2018 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

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.

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 Basingstoke 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

Summary of findings

There were areas where the provider could make improvements

- Review the way in which they transfer information to the electronic human resources records system to keep them up to date in a timely way.
- 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.

- Staff had all received safeguarding training, a safeguarding policy was in place and staff could explain the actions they would take.
- The premises were clean and tidy and medical equipment was properly maintained and calibrated.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the service did not have a robust system in place to update the electronic Human resources records system in a timely way. The service should only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

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

- The service conducted regular audits of treatment outcomes which were used to identify and address any poor prescribing and ensure that appropriate weight loss was being achieved.

The service checked patient identity at the initial consultation and recorded the patient's consent to treatment on the medical record cards.

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

Patients were positive about the service that they received and told us that they appreciated the warmth and friendliness of the staff.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

- The facilities and premises were suitable for the services being provided. The clinic was only accessible by using stairs. People were told about the stairs on initial enquiry and would be offered alternative clinics where appropriate.

Patients were able to walk-in or call to make appointments and were offered text reminders of appointments if they wished to receive them.

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

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

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Detailed findings

Background to this inspection

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.

The inspection took place on 28 March 2018.

The inspection was undertaken by two CQC Pharmacist Specialists.

National Slimming and Cosmetic Clinics, Basingstoke is based in the first and second floors of a building located near to the centre of the town of Basingstoke. The service comprises of a reception/waiting area, kitchen area and one clinic room. Toilet facilities are available at the clinic. The service is open Monday 10am to 1.30 pm, Wednesday 10 am to 1.45 pm and alternate Saturdays 10 am to 1.45 pm.

Slimming and obesity management is provided either by a walk in or appointment based system for patients aged 18-65 years of age.

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 National Slimming and Cosmetic Clinics, Basingstoke, 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 service employs 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.

We obtained feedback about the service from six Care Quality Commission comment cards. All comments made were positive about the service. Patients found staff were always welcoming and helpful, staff were always professional and the premises were always clean and tidy.

We also spoke with three patients using the service

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

When we visited we saw that there was a safeguarding policy in place and contact details were available for both the local children and adult safeguarding teams. All staff had received introductory training in adult and child safeguarding and could tell us the action that they would take in the event of a safeguarding concern. The registered manager was the safeguarding lead and had undertaken an increased level of training for both adult and children's safeguarding. The service used an electronic human resources records system and when looked at on the visit some information was not present. Information relating to Disclosure and Barring Service (DBS) checks was missing for two members of staff. The provider was able to provide copies of the missing information within an agreed timescale. DBS checks were in place for all staff and it was seen that they are expected to be renewed on a three yearly cycle in line with the service's policy. The doctors working at the service had up to date revalidation with the General Medical Council and had shared copies of their most recent appraisals. The premises were clean and tidy and an infection prevention and control policy was in place. The cleaning schedule recorded that staff completed the cleaning as part of their duties. Staff had undertaken infection prevention and control training. A legionella risk assessment had been completed for the premises and the actions from this were being followed.

We saw that policies were in place for the management of waste and the safe disposal of sharps. The waste was segregated and stored appropriately. The service held a contract with an appropriate clinical waste contractor. We saw that the service had the required exemption from the Environment Agency to authorise the denaturing (rendering unusable) of controlled drugs before disposal.

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

Risks to patients

Staffing levels were sufficient to meet patients' needs. Arrangements were in place to ensure continuity of staff.

Patients told us that they were told in advance if their regular doctor was not going to be available and were given the opportunity to see either them at a different time or to see a different doctor.

Staff had an understanding of and had received training in emergency procedures. A fire risk assessment had been completed. Fire safety equipment was available, tested and serviced at the appropriate intervals.

The doctors working at the service had received basic life support training and this was recorded in their training records. The service had identified which emergency medicines they needed to have available and we saw that these were present and in date. Staff explained the actions they would take to respond to medical emergencies. In the event of a medical emergency staff would call the emergency services.

We saw evidence that the provider had medical indemnity arrangements and public liability insurance in place to cover potential liabilities that may arise.

Information to deliver safe care and treatment

Appointments were booked using a computerised system. Patients' background medical information, clinical notes and record of medicines prescribed and supplied were recorded on individual record cards. The cards were stored securely at the service and access to them 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 NSCC Basingstoke 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.'

Staff had recently received training in the use of Saxenda injection (a medicine used for weight reduction in conjunction with a reduced calorie-diet and increased physical exercise). The medicine was correctly stored in the fridge at NSCC Basingstoke. As they had only recently commenced using this medicine we asked the provider to supply us with the first two weeks of fridge temperature monitoring charts. This was supplied as requested and showed that this medicine was being stored safely.

We saw that staff followed the services medicines management policy and that medicines were stored, packaged and supplied to people safely. Medicines were ordered and received when a doctor was present on the premises. They were then packaged into appropriate containers by a second member of staff under the supervision of the doctor. We saw orders, receipts and prescribing records for the medicines supplied by the service. We saw that records were checked for completeness at the end of each session. A separate weekly stock check was also carried out.

Medicines prescribed by the doctor were supplied in appropriate containers with appropriate labelling information present.

Patients received information leaflets about their prescribed medicines including information about their licensing status as some unlicensed.

We reviewed eight patient records and saw that no patients under the age of 18 had been prescribed medicines for weight loss. Some patients already on treatment had reached the age of 65. Where this was the case, the clinic rechecked the patient's medical history to confirm no contraindications to continued treatment, the doctor also wrote to the patients GP to inform them of treatment continuation. Records showed that patients were always given an appropriate treatment break.

Track record on safety

he registered manager was able to show us that there had been no incidents at the service since the previous inspection. They were able to explain how incidents would be dealt with in accordance with the service's policy.

Lessons learned and improvements made

There was a system in place for reporting, recording and monitoring significant events. We saw that the provider circulated a summary of significant events every three months. This contained anonymised details of the event, the result of the investigation and the learning to come out of the review. The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

A Doctors Manual was in place at the clinic which outlined the clinics prescribing policies. The doctor told us they followed the recommendations in this manual during consultations. Prior to the consultation each patient was required to complete a medical history form and sign to consent to treatment. The form also asked whether patients wanted information to be shared with their GP.

During the initial consultation, the clinic doctor checked the blood pressure (BP), weight and height of each patient. The doctor also checked for contraindications to treatment such co-existing mental health or cardiovascular conditions.

We checked eight records for patients receiving treatment. A body mass index (BMI) was calculated for all patients. The doctor told us that target weights and BMI were discussed with each patient, however it was not the clinic practice to document these in patient's records. BMI, weight and BP readings were also recorded at subsequent visits.

We checked five records for patients who had been refused treatment. We found people had been refused treatment for appropriate reasons, including low BMI, high BP readings and concurrent medicines for mental health conditions.

The assessment protocol used by the service stated if a patient'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 service provided dietary advice and offered an herbal supplement for sale.

Monitoring care and treatment

The clinic conducted regular audits of medicines management and clinical record keeping practices. Additionally the clinic conducted a bi-annual audit of treatment outcomes. This audit was used to identify poor prescribing practices and ensure that appropriate weight loss was being achieved.

Effective staffing

Doctors undertook consultations with patients, prescribed and supplied medicines. Staff records showed that they had the appropriate qualifications and experience. The doctor prescribing the Saxenda had completed additional training on the use of this medicine.

Reception staff received annual performance reviews and in-house appraisals. The provider checked the doctors' revalidation and recorded their GMC appraisal. The manager explained that they had meetings with the doctors as issues arose, but there was no appraisal process in place for the doctors.

Coordinating patient care and information sharing

We saw that with the patients' consent the service contacted their registered GPs. Information provided, related to the prescribed and supplied treatments. If patients did not consent to this information sharing, they were given a copy of the GP letter that they could share, if they chose.

Supporting patients to live healthier lives

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

Consent to care and treatment

Patients' identities were confirmed at the initial consultation using photographic identification. Patients consented to treatment at the initial consultation and this was recorded on their record 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 also had to sign to confirm they would inform service 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 service being polite and professional. We received six completed comment cards from patients telling us how they felt about the service. All the feedback was positive about the staff and the service provided. Comments received talked about the friendly and supportive staff, They also commented on the amount of information provided by the staff and the doctors. This service also encouraged feedback via their own comment card processes.

We also spoke with three patients who visited the service. They told us that they found the service supportive and encouraging. They also said that they appreciated the warmth and friendliness of the staff.

Involvement in decisions about care and treatment

Staff communicated verbally and through written information to ensure that patients had enough

information about their treatment. Patient feedback showed us that they felt involved in decision-making and had sufficient time in or between their consultations to make informed choices about their treatment. Patients were encouraged to set treatment goals and achievement of those goals was celebrated in the service.

Privacy and Dignity

There was a confidentiality policy and staff could explain how they would protect patients' privacy. All records were stored securely and those records taken out for the day's appointments were not on display and were locked away whenever the receptionist had to leave the desk. The receptionist told us that if people wished to speak confidentially then they could be taken to the upstairs waiting area for this discussion.

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 service being provided. The consulting room used was located on the second floor of the building accessed via a staircase without a lift. Therefore, staff discussed access to the building before making appointments. As part of this discussion they would offer alternative clinics where access may be more appropriate. Staff told us they would offer assistance where they were able to do so.

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 service 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.

Timely access to the service

The service was open two or three days on alternate weeks with doctors' appointments for weight reduction available at various times to suit patients' requirements. The service offered text reminders to patients to help them remember when their next appointment was arranged for.

Listening and learning from concerns and complaints

The service 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 in the last 12 months. The service undertook a patient satisfaction survey and offered comment cards to encourage patient feedback. These were seen to be positive. Learning from events at other services in the group was shared and changes made to systems and processes to reduce the possibility of these events happening again.

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 service for four years. They had the skills and experience needed to ensure safe delivery of the weight reduction service.

Vision and strategy

The staff 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. The staff felt 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 individual patient's experience. Staff were very positive about the support they were able to provide to their patients. They also told us that they were proud to work in the service.

Staff had an awareness of the requirements of the duty of candour regulation. Duty of candour requires the service to be open and transparent with patients in relation to their care and treatment. Staff were encouraged to be open and honest and were able to demonstrate this.

Governance arrangements

The service had an appropriate range of policies and procedures to govern activity and these were available to the doctors and staff. Staff understood their role within the service and interacted with patients appropriately.

Managing risks, issues and performance

The registered manager had responsibility for the day-to-day running of the service and there were regular audits of different aspects of the service. Staff undertook audits then as a team reviewed, discussed and implemented changes to practice.

Appropriate and accurate information

Patients provided information about medical history and medicines use. The staff highlighted that they could not always validate this information, especially if the patients had not consented to sharing information with their GP.

Engagement with patients, the public, staff and external partners

Patient feedback was obtained through an annual satisfaction survey. 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 at the service was developing a 'sharing forum' between all the providers' prescribers to share learning and best practice.