

# Slimfactor Limited

# Slimmingmedics High Wycombe

## Inspection report

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## Overall summary

We carried out an announced follow up inspection on 28 November 2018 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 28 March 2018 and required the provider to make improvements regarding how they provided safe care and treatment and how they demonstrated good governance. We checked these areas

as part of this follow up inspection, and found only the availability of records for ordering, receipt and disposal of medicines had been resolved. The other issues remained unresolved.

The Slimmingmedics High Wycombe clinic 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 includes a reception area, a waiting room and one consulting room. The clinic is open for half a day twice a week, on Wednesdays 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 High Wycombe 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

# Summary of findings

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.
- The provider lacked systems to check that staff delivering the service had the appropriate training in place
- The provider lacked systems to monitor the safety of the clinic premises.

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

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:

- Review the prescribing of medicines and only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Slimmingmedics High Wycombe

## Detailed findings

### Background to this inspection

Slimmingmedics High Wycombe 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 High Wycombe town centre. 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 Wednesdays and Saturdays.

We undertook this inspection on 28 November 2018. Our inspection team was led by a CQC Pharmacist Specialist

supported by a Specialist Advisor (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 a range of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following 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 an adequate safeguarding procedure and policy in place that informed staff what to do or who to contact if they had a safeguarding concern. At this inspection we found that there was still not an adequate safeguarding policy and procedure in place that informed staff what to do or who to contact. After the inspection the provider sent us a copy of a safeguarding policy that they had subsequently written.
- 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, the regular receptionist and one of the doctors employed had undertaken appropriate training. We found that for the other doctors they had either not completed training to the appropriate level or the provider did not have records of the training.
- At the last inspection we found that the service did not offer chaperones. At this inspection we found that although a notice offering chaperones was on display the provider had not provided any training to staff about what was expected of them when providing this service. We also found that the provider did not have a policy in place to cover the use of chaperones and their responsibilities. After the inspection the provider sent us a policy for the use of chaperones which they had subsequently written.
- At the last inspection we found that there was no cleaning schedule or record of cleaning undertaken. At this inspection the registered manager was not able to provide us with a cleaning schedule or records to show that the cleaning schedule had been followed. After the inspection the provider sent us a copy of the cleaning schedule which they had written along with a monitoring grid to be used. At the last inspection we found that there was no evidence that staff had 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.

### Risks to patients

There were no systems to assess, monitor and manage risks to patient safety.

- At the last inspection we found that staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. At this inspection we found that for some members of staff the provider did not have evidence to show that they had received basic life support training.

### Safe and appropriate use of medicines

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

- 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. However the provider had not obtained the appropriate exemption certificate to allow them to process the unwanted medicines. After the inspection the provider sent us evidence that they had subsequently registered for an exemption certificate..
- The service did not carry out regular medicines audits to ensure prescribing was in line with the provider's guidelines for safe prescribing.
- 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'.

### Track record on safety

The service did not have a good safety record.

# Are services safe?

- 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 found that these risk assessments had still not been carried out in accordance with their policy. After the inspection the provider sent us a copy of a risk assessment that they had subsequently completed.
- At the last inspection we found that there was not a system for recording and acting on significant events. At this inspection we found that an incident log had been started but there was no review available for the one entry that had been made.
- 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 this had not been addressed. The provider told us that one of the doctors would inform him of alerts but that there was no system in place to bring this to the attention of other doctors working at the service or to other members of staff.

## **Lessons learned and improvements made**

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

# 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 that the provider had limited systems in place to assess, monitor and improve the quality of the service. At this inspection we found that this had not been addressed and 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 were again unable to see any evidence that this had been addressed.
- At the last inspection there were no minutes of meetings or discussions held with staff around service improvement. At this inspection the registered manager told us these had taken place but there were again no minutes of these meetings or discussions.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- Leaders had not established proper policies, procedures and activities to ensure safety and had not assured themselves that they were operating as intended.

### 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 staff

or patients. At this inspection we found that the service 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 we found that the registered manager now had an incident log in place. We also found that the registered manager still did not have oversight of safety alerts. After the inspection the registered manager sent us information to show they had now registered to receive safety alerts. The registered manager told us that they had received no complaints since the last inspection.

### Engagement with patients, the public, staff and external partners

The service did not involve patients 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 still not sought the views of patients about their experience of using the service. After the inspection the provider sent us a copy of a patient feedback questionnaire which they had subsequently written.

### Continuous improvement and innovation

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

- At the last inspection we found that there were no audits of clinical care or infection prevention and control. At this inspection the registered manager was not able to provide us with any audits to demonstrate that the clinical care delivered was being monitored and reviewed. At this inspection the registered manager was also unable to provide us with any audit to show that infection prevention and control measures were in place and being followed.

## 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><b>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</b></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>This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>