

Codegrange Limited National Slimming Centres (York)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of this service on 6 September 2017 where breaches of legal requirements were found. After the inspection, the service wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We undertook this focussed inspection on 4 July 2018 to confirm that the legal requirements had been met. This report only covers our findings in relation to those breaches in regulation. The last comprehensive inspection report can be read by selecting 'all reports' link for National Slimming Centre York on our website at www.cqc.org.uk.

Our findings were:

- We saw that improvements had been made in medical record keeping

- A system was in place, which included the clinician, to ensure the effective monitoring and quality improvement of the service
- All staff had completed safeguarding training
- A system was in place to ensure recruitment checks were completed prior to employment

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

- Continue to review prescribing to ensure it is in line with provider's policy, including treatment breaks

Are services effective?

We found that this service was providing effective 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.

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 effective?

We found that this service was providing effective care in accordance with the relevant regulations. Improvements had been made to the notes recorded during consultations. However, although improvements had been made we continued to find that prescribing did not always comply with provider policy.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. Clinicians were now involved in the audit process and actions were recorded and followed up to ensure improvements were made. All staff had undergone safeguarding training relevant to their role.

National Slimming Centres (York)

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of National Slimming Centres York on 4 July 2018. The inspection was carried out to check that improvements had been made at the service following our comprehensive inspection on 6 September 2017. The inspection in September 2017 identified that the service was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The team was led by a CQC pharmacist specialist and included a CQC medicines inspector.

Before visiting we reviewed information which had been submitted to us by the provider. During the inspection, the methods we used were interviewing the registered manager and doctor, and a review of documents and medical records.

To get to the heart of patients' experiences of care and treatment, we always ask the following questions:

- Is it effective?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We reviewed 19 patient consultation records. We found that target BMIs or weights had been recorded in all but three records. This was an improvement from the last inspection. We saw that health checks were recorded monthly in line with provider policy. Where breaks in treatment had occurred consent to treatment and a review of medical conditions had been undertaken for all but two of the 19 patients following their break. Improvements had been made with regards to prescribing in line with clinic policy. At the previous inspection we found that patients returning after breaks in treatment were treated when their BMI was below the prescribing policy thresholds; we did not see this in the records we reviewed at this inspection. However, we found that two people had started treatment when their BMI was below 30kg/m², 28.9kg/m² and

28.4kg/m² respectively and no comorbidities had been recorded. This was also highlighted as part of the previous inspection report. We brought this to the attention of the registered manager who stated this would be investigated.

Effective staffing

We were shown records for the three staff who work at the clinic. This included the clinic manager and two regular doctors. All members of staff had undertaken the necessary training and we saw certificates for this learning. Safeguarding training was up to date for all staff. Proof of revalidation was also present for the doctors.

Consent to care and treatment

Consent to treatment was recorded in patients records when they first started at the clinic, and this was repeated after breaks in treatment.

Patients were provided with clear information about treatment options and this information included guidance on the costs.

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 service had 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. The registered manager was a experienced member of this small team and provided a consistent oversight for the running of the clinic. There were clear lines of communication between the manager and head office to ensure that updates and changes could be disseminated to the medical staff as necessary.

Vision and strategy

The service had a vision and strategy and this was available for staff to see. There were also several policies and procedures which staff had signed to say they had read. In addition, an updated doctor's manual was available and the doctors had signed to acknowledge that they had reviewed this updated document.

Culture

The registered manager was aware of the responsibilities regarding duty of candour. No concerns about the service had been raised, however the registered manager and doctor were able to describe what they would do in the event of an incident or concern being raised.

Managing risks, issues and performance

The service completed a series of audits as indicated by the providers audit schedule. Audits were completed on a three or six-monthly basis. Where actions from audits had been identified which involved clinicians, a clinic feedback form was used as a method of recording and communicating actions. This was signed by all involved with the clinic and provided an audit trail for feedback. In the recent quality assurance audit, actions had been identified and actioned. In addition, explanations were given where weight loss was not achieved and information had been given to patients to further support them with their weight loss.

Appropriate and accurate information

At the previous inspection we found that Disclosure and Barring Service Checks (DBS) and training records were not up to date. At this inspection we saw that each member of staff had a DBS record or application in process. In addition, training records were held on each staff members' electronic HR record. Safeguarding training had been completed by all members of staff and we saw records of this training including dates when training took place.