

Pandastar Limited

Pandastar Ltd T/A National Slimming Centres (Hounslow)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 17 February 2016 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 not 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 regulations.

Background

Pandastar Ltd T/A National Slimming Centres (Hounslow) provides weight loss treatment and services, including medicines and dietary advice to people accessing the service. The clinic is on the second floor of a shared building in a city centre location. The clinic is open for 3 to 4 hours six days a week on Mondays to Saturdays.

The clinic is run by doctors and a registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service.

Summary of findings

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.

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 the National Slimming and Cosmetic Centre (Hounslow) 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.

We received feedback about the clinic from nineteen completed Care Quality Commission comment cards. The observations made on the comment cards were all positive and reflected that people found staff to be helpful, encouraging, supportive and caring. On the day of the inspection we spoke with three people that used the service.

Our key findings were:

- We found the service had good governance systems and quality assurance processes in place.
- The feedback we received from patients was consistently positive about the care they received.
- The provider did not always supply medicines in line with evidence based practice.
- There were appropriately qualified staff in the clinic and staff felt supported to carry out their roles and responsibilities.

- The provider did not have clearly defined and embedded systems, procedures and processes to keep people protected and safeguarded from abuse.

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

- Ensure that effective systems and processes are in place to safeguard people from abuse.

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

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

- Review the ordering process for controlled drugs in line with changes in legislation.
- Review the records of clinical decisions where medicines are not supplied in accordance with recognised clinical guidance and best practice.
- Review the policies and procedures to ensure they are up-to-date, reflect current practice and legislation, and encourage continuous improvement.
- Ensure that all doctors working at the clinic have Basic Life Support training and that there is a procedure in place for dealing with medical emergencies.
- Review if reasonable adjustments can be made to accommodate a more diverse population. For example, access for people with disabilities and people whose first language is not English.
- Carry out a risk assessment for Legionella.

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 the service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The provider did not have robust arrangements in place to keep people protected and safeguarded from abuse. Clinical staff had not attended basic life support training. Controlled medicines were not ordered in line with the new regulations. Employment checks were conducted when staffs were recruited to ensure that they had the required skills and knowledge to carry out their roles. There were procedures in place for monitoring and managing risks to patient and staff safety.

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Pandastar Ltd T/A National Slimming Centres (Hounslow)

Detailed findings

Background to this inspection

We inspected the service as part of our new comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, under the Care Act 2014.

We carried out an announced comprehensive inspection at Pandastar Ltd T/A National Slimming Centres (Hounslow) on 17 February 2016 as part of the independent doctor services inspection pilot. The inspection team was led by a CQC inspector who is also a pharmacist specialist and included another inspector from the CQC medicines team.

The methods that were used during the inspection, were talking to people using the service, interviewing of staff, observations 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

The service had a system in place for reporting and recording significant events. Staffs were able to tell us what they would do in the event of an incident, and we saw that an incident reporting and record form was available. We were told there had been no incidents in the previous 12 months.

We were told that safety alerts were received by the provider and relevant alerts were forwarded to the registered manager; no alerts had been received in the past 12 months.

The provider was aware of and complied with the requirements of the Duty of Candour (people who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result). Staff told us there was a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Reliable safety systems and processes (including safeguarding)

Staff told us that they did not think that the safeguarding principles were relevant to the clinic's registered activity. We did not find any evidence that staff had completed any safeguarding training for adults or children or Mental Capacity Act (2005) training.

Medical information and clinical notes of patients including records of medicines supplied were documented manually on record cards. These cards were stored securely and were only accessible to staff, which protected patient confidentiality.

Medical emergencies

We did not see evidence that the clinic doctors had received basic life support training. We were told that in a medical emergency staff would immediately dial 999. We did not see a policy on managing a medical emergency in the clinic.

Staffing

We reviewed five personnel files, and found that recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence that doctors working at the clinic are subject to re-validation, and have confirmed with the general medical council (GMC) that there is an appointed Responsible Officer for each doctor working at the service.

Monitoring health & safety and responding to risks

We saw evidence that medical, electrical equipment and fire safety equipment had been checked within the last 12 months, to ensure it was safe to use. We also noted that the service had done a number of risk assessments to monitor safety in the clinic; these included fire risk, premises risks and for substances covered by the control of substances hazardous to health (COSHH) regulations.

There were building and medical indemnity insurance policies in place for the service. The buildings indemnity insurance policy was displayed in the reception area.

Infection control

We saw evidence that staff received infection control training during induction but no update training was provided to staff once in employment. We observed the premises to be clean and tidy. We saw evidence of daily environmental checks and weekly cleaning logs. People we spoke with told us that they had always found the practice clean and had no concerns about cleanliness or infection control.

We observed the doctor using alcohol hand gel before he made any contact with the patient.

Premises and equipment

Are services safe?

We observed the consulting room to be clean and in a good state of repair. Medical equipment such as weighing scales and blood pressure monitoring equipment were appropriately calibrated and tested.

Safe and effective use of medicines

We saw documented evidence and staff also confirmed that appetite suppressants were prescribed to people who used the service.

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 market authorisations. The approved indications are “for use as an anorectic agent for short term use for the adjunct 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.

Diethylpropion and Phentermine are not currently recommended for the treatment and management of obesity by the National Institute for Health and Care

Excellence (NICE) or the Royal College of Physicians. The British National Formulary states that these medicines are centrally acting stimulants that are not recommended for the treatment of obesity.

Medicines were stored securely in controlled drug (CD) cupboards; staff told that only doctor had the code to allow access to the medicines. However we noted that medicines used for cosmetic purposes such as adrenaline, hyalase were also store in the CD cupboard thereby giving assess to cosmetic doctors who were not authorised to possess these control drugs. These cosmetic drugs were removed from the CD cupboard before we left the premises. During clinic opening hours medicines were kept safely in the possession of the prescribing doctor.

Prescribed medicines were packaged into containers by a second member of staff under the supervision of the doctor, and supplied in labelled containers which included the name of the medicine, instructions for use, the person's name and date of dispensing. We saw that a record of the supply was made in the patient's clinical notes.

Medicines were ordered and received when there was a doctor on the premises. However, we did not see use of the mandatory requisition form for requesting stock of Schedule 3 Controlled Drugs, in line with recent changes in legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Prior to the consultation each person had to complete a medical history form where people had to identify if they had other illnesses or were taking any other prescribed medicines.

During the initial consultation, the following information was collected from each person; blood glucose reading, weight, height, and answers to questions around their eating habits. The doctor also checked for contraindications to treatment such as uncontrolled diabetes and high blood pressure.

We checked five patient records and saw that the medical history, weight and blood pressure were taken at their initial visit. A body mass index (BMI) was calculated and target weights agreed before treatment was initiated. These are monitored and recorded at every visit. Both blood pressure and BMI are monitored at subsequently visits. Side effects were also documented which on occasion had resulted to changes in the medication prescribed.

The assessment protocol used by the clinic stated if a person's BMI was above 30 they would be considered for treatment with appetite suppressants and if they had comorbidities then treatment could start if their BMI was above 27. If the BMI was below the level where appetite suppressants could be prescribed the clinic provided dietary advice and offered a herbal supplement drink that was on sale.

We saw evidence that patients were sometimes refused treatment and referred to their own GP for treatment if there was a clinical reason to do this, for example: high blood pressure, client planning to get pregnant or if the client was already taking a medicine which meant that they could not have any new medicines prescribed from the clinic.

The medical records showed that the medicines from the clinic were being supplied to people for more than 13 weeks without a treatment break. The doctor's manual stated that, at the doctor's discretion as long as the person was losing weight, medicines could be prescribed for more than 13 weeks without a treatment break and in these circumstances the reason why there was not treatment break had to be recorded in the person's record. We noted that the reasons for this prolonged treatment had not been recorded.

Staff training and experience

The clinic had an induction programme for newly appointed staff that covered topics such as confidentiality, infection control and fire procedures.

Working with other services

People were asked during their initial assessment if they would like their GP informed. If they agreed to this they were given an information letter detailing the medication and treatment given.

Records showed people were referred to their GP if they were unsuitable for treatment at the clinic.

Consent to care and treatment

Consent was obtained from each patient before treatment was commenced. This was documented and kept in the clinical records.

Patients were asked to sign a declaration before appetite suppressants were prescribed. This included the information that the appetite suppressants phentermine and diethylpropion were unlicensed but produced under a special licence. Patients were given information leaflets about their treatment.

The provider offered full, clear and detailed information about the cost of consultations and treatments.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received 19 CQC completed comments cards from patients to tell us what they thought about the service. All CQC cards completed were very positive about the service experienced.

Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room.

Involvement in decisions about care and treatment

On the day of our inspection, we spoke to three patients who told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff who offered appropriate professional advice which was helpful to them when striving to achieve their treatment goal. They said that staff had sufficient time during consultations for them to make an informed decision about the choice of treatment they wished to receive.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the provider was responsive to patient's needs and had systems in place to maintain the level of service provided. People's needs were understood, for example they were provided with guidance on healthy eating and advice was given on regular exercise. We viewed the information provides to patients and it contained information on weight management, dietary information, portions size and exercise.

The clinic had recently collected a clinical audit data looking at weight loss on 20 patients over a 12 week period, noting their attendance record and prescriptions given. However no action plan or outcome was recorded as a result of the audit.

Tackling inequity and promoting equality

The service was located on the second floor, and was accessed via a flight of stairs as there were no lifts. There were no adjustments in place for people with disabilities. Staff told us that if people with disabilities wanted to access the service they would be provided with details of alternative clinics.

Patient information was only provided in English and there were no translation services provided by the clinic. Staff confirmed that sometimes there are patients who could not speak or read English however they would be advised to bring somebody else to interpret for them otherwise no services would be offered by the clinic.

Access to the service

People could assess services at the clinic with or without appointments by them also having a walk in service. Appointments could be made directly with the clinic or via the national call centre that was open six days a week. We saw that people were not rushed at their appointment.

Concerns & complaints

The provider had a system and procedure for handling complaints and concerns. This information was available in the clinic waiting room and in the clinic patient guide. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint.

We were told there had been no complaints in the last 12 months.

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 clinic had policies and procedures in place to govern activity, and these were available to the staff. The documents had not been recently reviewed and referred to out of date regulations.

The service had quality assurance systems in place, which were reported and monitored by the provider. There was a systematic programme of internal audits to monitor quality and systems including clinical records, medication, environment and cleanliness. For example, we saw recent reviews of a sample of patient records in relation to weight loss however we did not see any evidence of improvements in practice identified by the audit cycle.

There was a clinical lead who oversaw governance for the organisation nationally.

Leadership, openness and transparency

Staff told us that there was an open culture in the clinic that encourages candour, openness and honesty. The registered manager told us that there were opportunities to raise any issues of concern and staffs were well supported and confident in doing so.

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

The service encouraged and valued feedback from customers. The clinic proactively sought patient feedback following delivery of the service through an online patient satisfaction survey. We saw that the client satisfaction survey was reviewed by the national office and outcomes were sent to the clinic's registered manager.

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 data-bbox="810 658 1513 725">Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p data-bbox="810 748 1321 779">How the regulation was not being met:</p> <p data-bbox="810 860 1513 1039">We found that clinical staff did not understand that safeguarding principles were relevant in the service and staff had not received safeguarding training. This meant there were gaps in the systems and processes which operated to effectively prevent abuse of service users.</p> <p data-bbox="810 1120 1513 1232">This was in breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>