

Southern Slimming and Cosmetic Clinics Limited

Southern Slimming & Cosmetic Clinics Limited (Southampton)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 10 October 2017 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. The impact of our concerns, in terms of the safety of clinical care, was minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notice at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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

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.

Summary of findings

Southern Slimming and Cosmetic Centre – Southampton is a private slimming clinic. The clinic consists of a reception area, four consulting rooms, kitchen area and toilet, which are located on the second floor of 42-43 Bedford Place in a commercial area of Southampton.

Staff include a clinic manager, four part-time doctors and a receptionist. The clinic is open three days during the week and alternate Saturday mornings. The clinic provides advice on weight loss and prescribed medicines to support weight reduction.

A doctor, who is supported by a receptionist and clinic manager, runs the clinic. The clinic manager is also 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.

During the inspection, we spoke to six patients who were attending the service. All were satisfied with their treatment.

Our key findings were:

- Staff told us that they felt supported to carry out their roles and responsibilities.
- The provider had systems in place to monitor the quality of the service being provided

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

- Ensure patients are protected from abuse and improper treatment.

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:

- Only supplying unlicensed medicines against valid clinical needs of an individual patient where there is no suitable licensed medicine available
- Processes for monitoring long term clinical outcomes
- Appraisal processes for clinical staff
- Staff awareness of service policies e.g. chaperone and translation services.

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 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 Notice at the end of this report).

We found areas where improvements must be made relating to the safe provision of treatment. This was because the provider had not ensured the children's safeguarding lead had received appropriate training in line with published guidelines. Improvements should also be made relating to staff training and appraisal.

The clinic had processes for reporting, learning, sharing and improving from incidents. Staff had received adult safeguarding training, guidelines for medical emergencies were available and accurate records were kept. The clinic was clean and tidy and infection control audits were undertaken. Governance was in place around medicines security.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not audit or analyse patient's long-term weight loss to provide evidence of the effectiveness of the treatment.

Doctors screened and assessed patients prior to treatment. All staff had received relevant training to enable them to carry out their roles. The clinic contacted patients' GPs to share relevant information when patients gave permission. Staff at the clinic ensured that individual consent was obtained prior to the beginning of treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. Patients were very positive about the service provided at the clinic. We were told that staff were very helpful, maintained patient's dignity and treated patients with respect.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations. We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider relied on patients to provide their own translators.

The facilities and premises were appropriate for the services being provided. We saw evidence that staff had been trained to be aware of patients protected characteristics for example age, disability, race and sexual orientation. Patients could call or walk in to book appointments. The clinic had a system for handling complaints and concerns.

Are services well-led?

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

Staff felt supported to carry out their duties. Staff were able to describe how they would handle safety incidents and were aware of the requirements of the Duty of Candour. Duty of Candour requires the service to be open and transparent with patients in relation to their care and treatment. There was a system in place for completing some clinical audits. The provider sought the views of patients and used this information to drive improvement.

Southern Slimming & Cosmetic Clinics Limited (Southampton)

Detailed findings

Background to this inspection

We carried out this inspection on 10 October 2017. Our inspection team was led by a member of the CQC medicines team, and was supported by another member of the CQC medicines team.

Prior to this inspection, we gathered information from the provider. Whilst on inspection, we interviewed staff, spoke to patients and reviewed documents.

To get to the heart of patient's 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

The clinic had a system in place for reporting, recording and monitoring significant events. We were told that there had not been any significant events; therefore, there were no incident reports. Staff told us the provider circulated an incident summary report every three months. These contained anonymised details of incidents reported, investigated and shared learning across the company. Staff demonstrated an awareness of how to deal with incidents.

Staff were able to demonstrate their understanding of their responsibilities to raise concerns and record any incidents. We saw that there were arrangements in place to enable the staff at the clinic to respond to relevant patient safety alerts.

Staff were aware of their responsibility to comply with the requirements of duty of candour.

Reliable safety systems and processes (including safeguarding)

Staff told us the duty clinic doctor would be the safeguarding lead. All the staff working at the clinic including doctors had received introductory training in adult safeguarding. The doctors had also received children's safeguarding level two training. Therefore, some staff lacked training in the safeguarding of children at the relevant levels required for healthcare staff working with parents and carers.

Written individual records were managed in a way to keep patients safe. They were accurate, complete, legible, up to date, and stored appropriately. There was a process to share records with the patient's GP when the patient consented.

The service no longer offered chaperones according to the staff due to a lack of requests from patients. However, the doctor working during the inspection was not aware of this change in practice.

Medical emergencies

A risk assessment on the provision of services in the event of a medical emergency had been undertaken. An emergency flow chart was available to staff. If someone became unwell whilst on site, staff at the clinic would call the emergency services and were aware of urgent care provision in the local area.

Staffing

There were sufficient numbers of staff working at the clinic. A manager, four doctors, and a receptionist (all part time) staffed the clinic. Disclosure and Barring Service checks were present or being updated for all staff in line with the provider's policy.

Administration staff, but not the doctors received annual performance reviews and in-house appraisals. We reviewed two of the doctor's personnel files. These showed their revalidation with the General Medical Council was up to date. For those doctors whose main employer was Southern Slimming and Cosmetic Clinics Ltd Southampton, the provider used an external organisation to facilitate their revalidation. One doctor was mainly employed and re-validated via the NHS.

Monitoring health & safety and responding to risks

We saw evidence that the provider had indemnity arrangements in place to cover potential liabilities that may arise.

Infection control

The premises were clean and tidy with an infection control policy in place. The cleaning schedule records indicated cleaning was undertaken on a regular basis. Whilst there was no sink in the consulting room, examination gloves and alcohol hand gel was available. Staff and service users had access to a toilet on the same floor as the service. A Legionella (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria) risk assessment had been undertaken. Infection control audits had been completed and records of new employees indicated infection control training was part of their induction.

Premises and equipment

The premises were in a good state of repair. There was a fire evacuation policy displayed in the waiting area. Fire equipment was available with a service schedule, which was followed. The building had a fire alarm system maintained by the landlord. All electrical equipment was tested to ensure that it was safe to use. Clinical equipment was checked to ensure it was calibrated and working properly.

Safe and effective use of medicines

Southern Slimming and Cosmetic Clinic – Southampton prescribes Diethylpropion Hydrochloride and Phentermine.

Are services safe?

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 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 Southern Slimming and Cosmetic Clinic – Southampton 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.

Orders for medicines supplies were to an external company and supplied to patients in appropriately labelled containers. Keys for the medicines cupboard were stored securely and only accessed by the doctors, who lacked keys to the building. This meant that the medicines cupboard could only be opened whilst one of the doctors and reception staff were on the premises as each staff group could only access one of the two required keys. We observed that medicines no longer required were disposed of appropriately.

We reviewed 11 medical records, and saw that no patients under the age of 18 were prescribed medicines for weight loss.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Prior to treatment, a doctor screened and assessed patients. The information collected included past medical history, drug history, weight, height, blood pressure and blood glucose. At each visit, a doctor reviewed the patient's progress. The assessment protocol used by the clinic stated if a person's BMI was above 30 kg/m² they would consider 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 clinic provided dietary advice and had a herbal supplement for sale. The doctor we spoke with confirmed they were following these thresholds.

The clinic had a system in place for completing clinical audits in order to assess the quality of treatment provided. Examples included:

- Completeness of patient records and the reasons for prescribing or not prescribing medicines to aid weight loss
- Completeness of medicine and dispensing records

Additional records were kept of the amount of weight patients' had lost over the course of their treatment. However, the service had not yet analysed this information and therefore the effectiveness of the prescribed treatments.

We checked 11 records and saw that patient's date of birth; medical history, weight, height, and blood pressure were taken at the initial visit. Body mass index (BMI) was calculated and recorded. Patients completed a consent form. This form asked whether patients were happy for information about their weight loss treatment to be shared with their own GP. Where the patient declined, they were given a copy of the "GP letter" and advised to hand the letter in to their GP. Reasons recorded by the doctor for deciding that medical treatment was not appropriate

included, too high blood pressure and interactions with other prescribed medicines. Patients treated included; those with a BMI of more than 30 with no co-morbidities or BMI of between 30 and 28 with co-morbidities.

Where patients were prescribed medicines, we saw that they were given limited supplies. The medical records showed that medicines were being supplied to people for up to 12 weeks and then there was a treatment break in order for people to maintain their weight loss without prescribed medicines. 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 12 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. 10 out of the 11 records reviewed demonstrated some weight loss.

Staff training and experience

The provider had introduced training that covered the following areas: data protection, display screen and electrical equipment, equality & diversity, fire, health and safety, infection control and prevention, manual handling, slips trips and falls and adult safeguarding. Existing staff had completed this training and new staff would cover these areas during their induction.

Working with other services

We saw that the clinic contacted the patient's GP if they agreed or provided a letter for the patient to take to their GP. Information was shared relating to the treatments being received. If any concerns were highlighted whilst in contact with National Slimming Clinic - Southampton patients were referred to their GP for further investigation. Examples of reasons for referral included high blood pressure and depression.

Consent to care and treatment

Staff at the clinic ensured that patient consent was obtained prior to the beginning of treatment. There was information readily available that the treatments being offered at the clinic were unlicensed and on the cost of treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff at the clinic being polite and professional. We spoke with six patients on the day of the inspection who also told us they were satisfied with the service provided and that staff were helpful and friendly. We saw that patients sustained weight loss was celebrated.

Involvement in decisions about care and treatment

We saw a range of information available to patients who attended the clinic. Patients told us that they were involved in decision-making and had sufficient time in their consultations to make informed choices about their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The facilities and premises were appropriate for the clinic being provided. The clinic consisted of a reception area with seats, and four clinic rooms. Toilet facilities were available within the clinic. The clinic was located on the second floor of the building with access by stairs. The building was not wheelchair accessible. Slimming and weight management services were provided for adults from 18 to 65 years of age by appointment.

Tackling inequity and promoting equality

We asked staff how they communicated with patients who spoke another language. The doctor told us that an interpreter could be arranged for patients in advance if this was requested when the appointment was booked. If the patient needed interpretation at the time of the appointment, the service would allow family members to interpret information. Therefore there was a risk the interpretation may not be accurate.

The service was located on the second floor and accessed via a flight of stairs. Where the service was unable to provide services to patients with mobility difficulties, details of alternative clinics were provided. Information and medicine labels were not available in large print and an induction loop was not available for patients who experienced hearing difficulties.

Access to the service

The service was an independent fee paying service. The clinic was open for booked appointments: Tuesday 2:30pm to 6:30pm, Wednesday midday to 4pm, Friday 10am to 4pm and alternate Saturdays 9.30am to 1:30pm.

Concerns & complaints

The clinic had a system for handling complaints and concerns. There was a complaints policy and notices explaining to patients how to raise concerns and complaints with staff. We saw that complaints and resulting actions were recorded. We were told no complaints had been received by the clinic 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

Staff at the clinic had access to policies and procedures. Staff told us that they felt supported in carrying out their duties.

They felt that they could always go to senior staff if they had any questions or concerns. The three doctors had overall responsibility for the governance of the safe and effective use of medicines. Whilst the service undertook a number of clinical audits and data was collected on weight loss over time, this data had not been analysed. We reviewed three staff records; these indicated that the registered status of clinical staff was checked annually, including their revalidation. Current staff had undertaken relevant training during the year. The records we reviewed lacked any evidence to indicate that staff health assessments had been undertaken

The provider had undertaken a risk assessment prior to the installation of non-recording CCTV within the waiting area with signs. The provider was registered with the Information Governance Commissioner.

Leadership, openness and transparency

Staff could describe how they would handle any safety incidents. There was an awareness of the requirements of the Duty of Candour regulation. Observing Duty of Candour means that patients who use the clinic are told when they are affected by something that goes wrong, given an apology, and informed of any actions taken as a result. Staff were encouraged to be open and honest and were able to demonstrate this

Learning and improvement

Every three months anonymised investigations of incidents and complaints from other clinics operated by the provider were shared and discussed by staff.

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

A survey was used to regularly gather the views of patients using the clinic. The 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.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:</p> <p>The provider had not ensured that the safeguarding lead for children and staff had received appropriate training for their roles.</p> <p>Regulation 13(1) & (2)</p>