

Codegrange Limited National Slimming & Cosmetic Clinics

Inspection report

28 Bond Street
Bristol
BS1 3LX
Tel: 0117 927 2399
Website: www.nscclinics.co.uk

Date of inspection visit: 23 March 2018
Date of publication: 05/06/2018

Overall summary

We carried out an announced comprehensive inspection on 23 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 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

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. .

National Slimming and Cosmetic Clinics (Bristol) provides a private weight reduction service for adults and supplies medicines and dietary advice to the patients who use the service. The service operates from a clinic in the city centre. It is open from 10.00am to 1.30pm four days a week, on Tuesdays, Thursdays, Fridays 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 National Slimming and Cosmetic Clinics (Bristol) 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.

National Slimming and Cosmetic Clinics (Bristol) is one of a group of 27 clinics across the UK. The

Summary of findings

service was staffed by one doctor, a manager and a receptionist. The manager was 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008

and associated regulations about how the service is run.

Patients completed CQC comment cards to tell us what they thought about the service. Thirty-three people provided feedback about the clinic. Patients told us the staff were caring and helpful, and were satisfied with the care and treatment they received at the service.

Our key findings were:

- The provider did not have effective systems and processes to check the knowledge and training of people employed by the service, or to appraise their performance during employment
- Patients were assessed and monitored before and during treatment, and were provided with support and information

- Feedback from patients was positive about the care and treatment they received at the service
- The provider had processes for reporting, learning, sharing and improving from incidents

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

- Ensure that recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

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:

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available
- Ensure that all information provided to patients, including verbal information, is accurate
- Review the ordering process for controlled drugs in line with changes in legislation
- Review the need for appraisals of clinical staff

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 Notices section at the end of this report).

The provider did not have effective systems and processes to check the knowledge and training of people employed by the service, or to appraise their performance during employment. The doctor at the service had no evidence of up to date training in basic life support or of regular appraisals in preparation for revalidation with the General Medical Council.

The clinic should only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available, and should review the ordering process for controlled drugs in line with changes in legislation.

Are services effective?

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

Doctors at the service screened and assessed patients prior to treatment, and ensured that individual consent was obtained before beginning treatment. Patient's ongoing care and treatment was monitored.

Are services caring?

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

Patients were positive about the service provided at the clinic and told us that staff were caring and helpful. The service encouraged feedback through its own patient questionnaire processes. However, the service should ensure that all information provided to patients, including verbal information, is accurate.

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 appropriate for the services being provided. Staff had access to a telephone translation service and could access patient information leaflets in other languages when required. 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.

The provider had processes for reporting, learning, sharing and improving from incidents. Staff 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 to review and set an action plan following internal and clinical audits.

National Slimming & Cosmetic Clinics

Detailed findings

Background to this inspection

We carried out this inspection on 23 March 2018. The inspection was led and supported by two members of the CQC medicines team.

Before visiting, we looked at a range of information that we hold about the clinic. We reviewed the information submitted by the service in response to our provider information request. The methods that were used during our visit included interviewing staff, observations, and reviewing documents. We looked at patient records in order to evidence the safe and effective treatment of patients.

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

There was a safeguarding policy in place at the service, which was accessible to staff and included details of local safeguarding contacts. All staff had received appropriate training in adult and child safeguarding, and there was a safeguarding lead for the service. Staff personnel files demonstrated that a safe recruitment process was not always followed at the service. Disclosure and Barring Service (DBS) checks were in place for all staff (these checks identify whether a person has a criminal record or is on an official list of persons barred from working in roles where they may have contact with children or adults who may be vulnerable), in line with the service's policy. However, other checks had not always been completed prior to employment. For example, there was no evidence of identity checks or conduct in previous employment through references for one staff member, and no evidence of identity checks or employment history for the doctor. This was not in line with the service's policy.

The service had assessed the risk and need for patient chaperones, and had decided not to offer chaperoning during consultations.

The premises were clean and tidy, and we saw that an infection control policy was in place. The cleaning schedule records indicated cleaning was undertaken on a regular basis by staff, as part of their normal duties. Staff had undertaken infection prevention training and infection control audits were completed regularly. The clinic had a procedure for the management of the risk of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and we saw that an up to date risk assessment had been completed. Staff had access to alcohol gel and examination gloves in the consultation room.

We saw that policies were in place for the management of waste and the safe disposal of sharps. We saw that waste was segregated and stored appropriately. The service held appropriate contracts with general and clinical waste contractors, and had the required exemption from the Environment Agency to authorise denaturing of controlled drugs to render them unusable before disposal.

The premises were in a good state of repair. 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.

Risks to patients

Staffing levels were sufficient to meet patients' needs. A locum doctor regularly covered the clinic doctor's absence, to provide continuity of staff where possible.

This was a service where the risk of having to deal with a medical emergency was low. The service had a risk assessment in place to determine what may be needed in the event of a medical emergency, and we saw that emergency medicines and equipment were available on the premises. However, there were no records available to show that the doctor had up to date training in basic life support in order to use the emergency equipment.

Staff had an understanding of emergency procedures and building evacuation procedures. A fire risk assessment was in place. Fire alarm tests and fire fighting equipment checks were performed regularly.

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

Information to deliver safe care and treatment

Appointments were booked using a computerised system. Patients' medical information, clinical notes and record of medicines supplied were recorded on handwritten individual record cards. The cards were stored securely at the service and access was restricted to protect patient confidentiality.

Safe and appropriate use of medicines

This service prescribes Diethylpropion Hydrochloride and Phentermine.

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

Are services safe?

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 National Slimming & Cosmetic Clinics (Bristol) 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 version 71 states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines is 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.

This service has also recently started prescribing Liraglutide, a licensed treatment for weight management in addition to diet and exercise, in adults who are obese or overweight and have health-related weight problems. We saw that training, information and equipment at the clinic had been updated to support the safe and appropriate use of this medicine.

We saw that staff were following their medicines management policy and that medicines were stored, packaged and supplied to people safely. Medicines were ordered and received when there was a doctor on the premises, and were then packaged into appropriate containers under the supervision of the doctor. We did not see use of the mandatory requisition form for requesting

stock of Schedule 3 Controlled Drugs, in line with current legislation; however, the provider told us that they intended to roll this out across all their clinics. We saw the orders, receipts and prescribing records for medicines supplied by the service. The medicines were checked after each session to confirm that all the necessary records had been made. A separate weekly stock check was also carried out. Medicines prescribed by the doctor were supplied in appropriately labelled containers, which included the name of the medicine, instructions for use, the patient’s name, date of dispensing and the name of the prescribing doctor. A record of the supply was made in the patient’s records. We saw that patients were given information leaflets about their prescribed medicines. We reviewed eight patient records. We saw that no patients under the age of 18 were prescribed medicines for weight loss, and that prescribing was in line with the prescribing guidance detailed in the service’s doctors manual. For example, treatment breaks were recorded in the patient records.

Safe track record and learning

There was a system in place for reporting, recording and monitoring significant events, as described in the clinic’s incident reporting policy. Staff were able to tell us what they would do in the event of an incident, and an incident reporting form was available at the service. We saw that a report summarising and sharing learning from incidents reported across the branches was prepared by senior management every three months. There were no reported incidents recorded at National Slimming & Cosmetic Clinics (Bristol) in the last 12 months

The provider was aware of and complied with the requirements of the Duty of Candour. Duty of Candour requires services to be open and transparent with patients when things go wrong with care and treatment. The provider encouraged a culture of openness and honesty. The service had systems in place for responding to notifiable safety incidents. We were told that patient safety alerts were received by email by staff at head office, who would support the registered manager to take any necessary action.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We reviewed eight patient records. We saw that, during initial consultations, a doctor took a medical history and collected information on any medicines the patient was taking, and also checked their blood pressure, weight, height, and blood glucose levels. The doctor discussed the treatments available, including common side effects to the medicines, and patients were provided with written information about medicines in the form of a patient information leaflet. Their body mass index (BMI kg/m²) was calculated, but we saw that target weights were not routinely recorded for patients.

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 a herbal supplement for sale.

Monitoring care and treatment

Information about the outcomes of patients care was collected through a six monthly quality assurance audit. We saw that patient records were reviewed to identify and record weight lost since the start of treatment or since the last treatment break. An audit of record cards was also completed every three months, which were reviewed by the doctor.

Effective staffing

Doctors undertook consultations with patients, prescribed and supplied medicines. However, the doctor working at the service did not have any record of regular appraisals with a responsible officer in preparation for revalidation

with the General Medical Council, and there was no in-house appraisal process for doctors working at the service. Records for non-clinical staff showed that they had received training, for example in fire awareness, infection control, and health and safety, to enable them to fulfil the requirements of their roles. Non-clinical staff received annual performance reviews and in-house appraisals.

Coordinating patient care and information sharing

Patients were asked before treatment started if they would like information about their treatment sharing with their GP. A record was made in their card of the patient's decision about information sharing, and a letter was available for communication with GPs, either by the patient (if they chose to) or by the service directly (with the patient's consent).

Supporting patients to live healthier lives

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

Consent to care and treatment

There was a process in place to check patient identity and confirm that patients were aged 18 or over. Consent to treatment was obtained from patients at the initial consultation and recorded on their record cards. Patients had to sign to confirm they would inform clinic staff of any change in their health or circumstances and take reasonable precautions not to become pregnant during treatment with appetite suppressants. We also saw that consent was again obtained when patients returned to the clinic after a break in treatment.

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 33 completed comment cards from patients telling us how they felt about the service. All comments were positive about the staff and the service. Patients commented on how caring and helpful they found the staff to be, and were satisfied with the care and treatment they received at the service. This service also encouraged feedback through its own patient questionnaire processes.

Involvement in decisions about care and treatment

Staff communicated verbally and through written information, including online information, to ensure that patients had enough information about their treatment. We saw that patients were involved in decision-making during consultations and had sufficient time to make informed choices about their treatment. However, the information given to patients was not always accurate. For example, we observed the doctor telling a patient that the medicines supplied were licensed treatments; this was not correct and was not in line with the written information that was provided to patients.

Privacy and Dignity

There was a confidentiality policy and staff could explain how they would protect patients' privacy.

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 services being provided. Records showed that staff had received equality and diversity training. There were some steps to reach the consultation room, and so staff discussed accessibility before making appointments for people with mobility difficulties. However, information and medicine labels were not available in large print to help patients with a visual impairment, and an induction loop was not available for patients with hearing difficulties.

The treatments available at the service were only available upon payment of a fee. However, information on alternative methods of weight loss, such as diet and exercise, was available free of charge.

We asked staff how they communicated with patients whose first language was not English. The manager told us they had access to a telephone translation service and could access patient

information leaflets in other languages when required.

Timely access to the service

The service was open four days a week with doctors' appointments for weight management available at various times to suit patients' requirements

Listening and learning from concerns and complaints

The service had a complaints policy in place, and we saw that information was available to patients about how they could complain or raise concerns. The service also undertook a patient satisfaction survey to encourage patient feedback, which was reviewed by the registered manager.

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 many years and was respected by colleagues and patients. The registered manager was supported with corporate leadership provided by head office.

Vision and strategy

Although there was a Statement of Purpose in place at National Slimming & Cosmetic Clinics (Bristol), there was not a corporate set of values, or business plan or strategy for service improvement or staff development. However, the manager clearly described the aim of the service as helping patients and supporting them to manage their weight through prescribed medicines, and dietary advice and education.

Culture

The manager promoted a culture of learning and improvement through audit. It was clear from patient feedback that the culture focused on the individual patient's experience. Staff had an awareness of the requirements of the Duty of Candour regulation and the need for openness and honesty with patients in relation to their care and treatment. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Governance arrangements

The clinic had a number of policies and procedures to govern activity, which were regularly reviewed and were available to the doctors and staff. Staff understood their role within the clinic and interacted appropriately.

Managing risks, issues and performance

The registered manager had responsibility for the day-to-day running of the service and regular audits of different aspects of the service were completed regularly. The results of the audits were reviewed as a team, and learning and changes to practice were discussed with the doctor.

Appropriate and accurate information

All information about a patient's medical history and medicines use was provided by the patient.

Engagement with patients, the public, staff and external partners

The views of patients using the service were gathered through patient questionnaires and informal feedback. There was 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. However it was not clear how feedback had been used to drive improvements. For example, feedback about restricted opening hours had not led to any changes in opening hours.

Continuous improvement and innovation

There was a system in place to review and set an action plan following internal and clinical audits. For example, we saw how difficulties with legibility of records identified during the audit had led to a planned re-design of the record cards. We also saw that the provider conducted a quarterly review of incidents across all their locations, summarising and sharing learning to reduce the risk of similar events occurring, which was distributed to staff.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to establish and effectively operate recruitment procedures which ensured that only fit and proper persons are employed</p> <p>In particular, the provider had not assessed and checked that people have the competence, skills and experience required for their role</p> <p>This was in breach of regulation 19, (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>