Codegrange Limited

National Slimming Centres (Gillingham)

Inspection report

National Slimming & Cosmetic Clinics
33 High Street
Gillingham
ME7 1BQ
01634 855224
https://www.nscclinics.co.uk/slimming/clinics/gillingham/

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Overall summary

We carried out an announced comprehensive inspection on 16 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 not 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.

Before the inspection, we looked at a range of information that we hold about the clinic. This included the most recent inspection report from January 2014 and any additional information received about the service. We also looked at information submitted by the service in response to our provider information request.

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 Centres (Gillingham) the aesthetic cosmetic

Summary of findings

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 Centres (Gillingham) is an independent provider of weight management services, including prescribed medicines, dietary and lifestyle advice.

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 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.

We looked at comment cards completed by patients who use the clinic. A total of 26 people provided feedback about the service. Feedback about the service provided was always positive.

Our key findings were:

- The clinic was clean and tidy.
- Staff were supported in their work, had the opportunity to undertake training and were happy to raise any concerns with their manager.
- Staff had a good rapport with patients and treated them in a caring manner.
- Patient feedback about their experience of the service was always positive.

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

- Ensure that care and treatment is provided in a safe and effective way for the service users.

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.

Review information used for employment, including identification checks.

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 found areas where improvements must be made relating to the safe provision of treatment. This was because the emergency medicine was out of date. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Policies and standard operating procedures were in place to support staff to undertake their roles safely. Processes were in place for reporting and learning from incidents. We saw that learning from this clinic, and other clinics was shared with staff to reduce the risk of reoccurrence.

The clinic was clean and tidy. Cleaning records and infection prevention and control audits were in place and a legionella risk assessment had been undertaken.

A doctors' manual and other resources to support prescribers and patients were readily available.

Medicines were stored securely, and were handled under the supervision of the prescriber.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations. This was because the provider did not always adhere to either their own, or national guidelines on the prescribing of phentermine and diethylpropion. We saw nine patient records where this had not occurred.

Staff had undertaken training relevant to their roles. Staff undertook audits of medicines management and prescribing activities. Recommendations from audits were put in place to ensure all locum doctors were made aware of prescribing and record requirements.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have photographic identification for one member of staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. Feedback about the service was always positive. We observed staff interact with patients in a caring manner. Staff had a good rapport with their regular patients.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations. Staff were able to describe how they would support patients with protected characteristics. Written information was available in large print or different languages and a telephone translation service was available.A system was in place for complaint handling.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. Staff knew how to report incidents and were able to describe the concept of Duty of Candour. Audits were being undertaken and the provider sought feedback from patients. This was used to drive improvement.

National Slimming Centres (Gillingham)

Detailed findings

Background to this inspection

National Slimming Centres (Gillingham) is an independent provider weight management services, including prescribed medicines, dietary and lifestyle advice. The clinic is located in Gillingham town centre on the first floor of a shared building. There is toilet access within the clinic. The clinic currently does not offer step-free access for patients. The clinic is open Monday, Tuesday, Friday, Saturday and alternate Wednesdays.

We carried out this inspection on 16 March 2018. The inspection team was comprised of two members of the CQC medicines optimisation team. We reviewed information relevant to this service before the inspection, including information obtained directly from the provider. We also interviewed clinical and non-clinical staff, reviewed a range of documents and obtained patient feedback via comment cards.

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

The manager was the safeguarding lead. A safeguarding policy was in place and staff had undertaken safeguarding training appropriate for their role. Staff were able to describe what action they would take in the event of a safeguarding concern. A local list of contacts was readily available for staff to use in the event of a concern.

The clinic was adequately staffed. On the day of the inspection, the clinic was staffed by a manager, two reception staff and a doctor. Two other doctors had regular prescribing sessions at the clinic. Records showed that doctors were up to date with their professional revalidation with the General Medical Council. Disclosure and Barring Service checks were in place for staff at the clinic. This was in line with the service's policy.

The premises were clean and tidy, and staff who undertook cleaning recorded this on a cleaning schedule. An infection control policy was in place and accessible for staff. Staff had completed infection control audits on a regular basis. Handwashing facilities and alcohol hand gel were available for all staff.

A legionella risk assessment had been undertaken for the premises. Legionella bacteria can be found in inappropriately maintained water outlets and exposure can cause pneumonia-like illnesses called Legionellosis.

The premises were in a good state of repair. The clinic was located on the second floor of a shared premises. Staff and patients had access to toilet facilities. Fire alarms were tested weekly and staff made a record of this. Clinical equipment, including weighing scales were calibrated regularly to ensure they were working. Certificates were available to confirm this. There was a policy on chaperones. Whilst the service did not provide a chaperone, people were advised that they could bring their own chaperone with them.

Risks to patients

Staff had annual appraisals and had undertaken induction training, which included health and safety awareness training. Staff had also undertaken additional training relevant to their roles and responsibilities.

There was a risk assessment in place for medical emergencies. The likelihood of needing to deal with a medical emergency at this clinic is low. A medicine to treat the effects of anaphylaxis (severe allergy) was stored in the consulting room however, this had expired in December 2017. Clinic staff were first aid trained and doctors were trained in basic life support. Staff also told us that they would call the emergency services if required.

Electrical equipment had been tested to ensure it was safe to use. The provider had indemnity insurance for clinic staff, as well as public and employer liability insurance.

Information to deliver safe care and treatment

Appointments were booked electronically. All patient records, including medical history and prescribing records were handwritten. These were updated by the doctor at each appointment. Patient records were stored securely and access was restricted to authorised staff only. Patients were encouraged to share their treatment information with their GP, and there was a process in place for this.

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 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 Centres (Gillingham), we found that patients were treated with unlicensed medicines. Treating

Are services safe?

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.

Medicines were stored securely, and access was restricted by the doctor who prescribed them. Records showed that appropriate processes were in place for ordering and receiving medicines. Staff were supervised by the doctor to pre-package medicines into containers ready for supply to service users. We also saw that the doctor appropriately labelled the medicines for supply to individual service users. Balance checks of stock were also undertaken regularly.

Each time the doctor made a supply of medicine, a record of prescribing was made and any relevant medical details were updated. We viewed 13 examples of these. We found that no patients under 18 years of age were prescribed medicine for weight reduction.

Track record on safety

No incidents had occurred at this location in the last 12 months. The manager was able to show us what procedures would be followed in the event of an incident. Appropriate forms were available for staff to report incidents.

Lessons learned and improvements made

Appropriate processes were in place for reporting, recording and monitoring significant events. Reception staff were able to describe what they would do if an incident occurred. We saw evidence that the provider shared learning from incidents at its different locations on a quarterly basis. Staff were aware of the concept of duty of candour, and the requirements that relate to this. There were systems in place for staff to receive and act upon any relevant patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Doctors undertook several checks at patients' first consultations. This included weight, height, blood pressure and blood glucose. Additional checks, such as waist circumference were undertaken when necessary. Doctors had access to information about prescribing Phentermine and Diethylpropion in the "Doctor's Handbook." Information on people's eating habits and patterns were also discussed as part of initial and ongoing conversations.

We checked 13 patient record cards and found that appropriate checks were made at people's initial appointments. However, we found that the provider did not always adhere to either their own, or national guidelines on the prescribing of Phentermine and Diethlypropion. We found two records that showed patients had not been given treatment breaks, in line with guidance from the manufacturer. Three patients had not been reassessed in line with the provider's policy after an extended treatment break. Four patients with no recorded co-morbidities had been started on treatment with centrally acting appetite suppressants when their Body Mass Index (BMI, measured in kg/m2) was less than 30. Two of these patients had a BMI of 25 or less. The provider's policy stated that patients should not be started on treatment at all if their BMI is less than 30 and they do not have any co-morbidities.

Monitoring care and treatment

Record cards showed that patients were appropriately monitored at subsequent appointments. This included weight and blood pressure checks. We did not always find that target weights had been set for patients. Staff told us that the rationale for this was because some patients found this difficult to envision. However, staff regularly discussed with patients how their weight loss was progressing. We also saw that staff undertook audits on people's treatment progress, including any weight lost.

Effective staffing

Staff had annual appraisals and had undertaken training relevant to their role. Appropriately qualified doctors undertook patient assessment, prescribing and monitoring. The provider had undertaken checks to ensure that doctors were registered with the General Medical Council (GMC). Employment checks had been undertaken on clinic staff, although one person had provided a non-photographic identification document.

Coordinating patient care and information sharing

Staff told us that they encouraged patients to share information about their treatment at the clinic with their GP. There were effective processes in place to support the sharing of this information.

Supporting patients to live healthier lives

The doctor and clinic staff told us that they would refer patients to their GP if initial health screening identified another medical condition, such as high blood pressure. Doctors provided patients with information and support to help facilitate a healthy diet and increasing physical activity. We also observed clinic staff talking to patients about positive diet and lifestyle changes to support their prescribed treatments.

Consent to care and treatment

Written information about the cost of the treatment offered at the clinic was displayed in the waiting room. We also observed staff talking to patients about the cost of the treatment.

In line with the Mental Capacity Act 2005, the doctor was able to describe how they would assess a patient as having capacity to consent to treatment. A record of consent was made on treatment record cards at patients' first consultations. Identification checks were undertaken and recorded to ensure people were 18 years of age or over.

Are services caring?

Our findings

Kindness, respect and compassion

We reviewed the 26 comment cards patients had filled in at the clinic. Patients said staff were friendly, took time to listen to their needs and treated them with dignity and respect.

We observed staff interactions with patients on the day of the inspection. Staff were polite and spoke with patients in a caring manner. We also saw that staff spoke with patients about healthy eating and exercise.

Involvement in decisions about care and treatment

Patients reported that they were given different treatment options, as well as enough advice, information and time to make an informed decision.

Privacy and dignity

A confidentiality policy was in place. Staff told us how they would protect patients' confidentiality, and recognised this was important when there was more than one person in the waiting room. Patient records were stored securely to ensure that only authorised staff had access.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The premises were appropriate for the service being provided. However, patients had to access the clinic using a flight of stairs. The building did not have a lift. When new patients telephoned about the service, staff also discussed access to the building before the first appointment was booked. There was no hearing induction loop for people with hearing difficulties.

Written information was available in different languages and large print. However, large print medicines labels were not available to patients. Staff told us that people were able to bring family and/or friends to help with translation. A telephone translation service was also available.

Timely access to the service

The clinic was open Monday, Tuesday, Friday, Saturday and alternate Wednesdays. Appointments for weight management services with doctors were available in morning and afternoon slots during the week, to suit patients' requirements.

Listening and learning from concerns and complaints

There was complaints policy and staff described what they would do in the event of a complaint. Signs providing patients information about how they could complain were displayed in the clinic. The service had not received a complaint in the last 12 months. Staff sought feedback about the service both verbally and using a patient satisfaction survey. Whilst surveys did not highlight any issues, staff explained how they would respond to suggestions to improve the service, if they arose.

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 been at the service for several years. They were familiar with all of the staff, including regular locum doctors. The manager had good awareness of the requirements of their role, to ensure that weight management services were delivered safely.

Vision and strategy

Although there was no corporate vision and strategy, staff told us that their purpose was to support patients to lose weight safely with a view to improved future health. Staff were clear about how it was key to encourage patients to increase their activity and eat more healthily, in conjunction with prescribed medicines. We observed these conversations with patients whilst on inspection.

Culture

Feedback from comments cards demonstrated that culture within the service was focused on providing a friendly and positive experience. Staff told us they felt valued and supported and would be happy to raise concerns either with the registered manager, or with head office. Staff were able to describe the concept of duty of candour and understood their responsibilities in relation to this.

Governance arrangements

A range of policies and procedures were in place to support staff to deliver services safely. These had been reviewed in 2017 and were updated when appropriate. Staff had read the procedures relevant to them. When asked, staff were able to demonstrate they understood these, and how they linked to their roles and responsibilities.

Managing risks, issues and performance

The registered manager was the lead for general oversight of the clinic. An audit programme was in place to monitor the performance of the service. These included customer satisfaction surveys and prescription record card audits.

Locum doctors were available to cover clinics that regular doctors were unable to attend. This meant patient appointments were rarely cancelled due to lack of a doctor in the clinic.

Appropriate and accurate information

Information on prescription record cards included details on people's medical histories and medicines prescribed. Prescription record cards were filled in accurately and audited to ensure that people were receiving appropriate treatment. However, audit cards were not designed to identify if people were treated at the correct BMI. Staff acknowledged that this was a limitation of this audit process and had plans in place to change this in the near future.

Engagement with patients, the public, staff and external partners

Staff sought patient feedback via a rolling survey programme, verbal feedback and a comments box. This information was used to help improve the service in future to ensure it continued to meet patient needs.

Continuous improvement and innovation

Learning from the organisation's quarterly review of incidents was shared at staff meetings. Training had been delivered for all doctors on a new medicine which was going to be offered for weight management. The availability of a continuous professional development folder meant staff had access to up to date information on weight management.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Systems and processes did not ensure that people were always prescribed medicines safely. In particular, the provider did not always adhere to either their own, or national guidelines on the prescribing of Phentermine and Diethylpropion. Two patients had not been given treatment breaks, in line with guidance from the manufacturer. Three patients had not been reassessed in line with the provider's policy after an extended treatment break. Four patients with no recorded co-morbidities had been started on treatment when their BMI was less than 30. Two of these patients had a BMI of 25 or less. Additionally, a medicine held to treat emergencies was out of date.