

National Slimming Centres (Sheffield)

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

This service is rated as Choose a rating overall. – Requires improvement

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection on 29 June 2021 at National Slimming Centres (Sheffield) as part of our inspection programme to follow up on breaches of regulations. CQC previously inspected the service on 3 March 2020 and rated it as Requires Improvement overall.

We asked the provider to make improvements regarding safe care and treatment, fit and proper persons employed and good governance. We found that there were improvements since our last inspection, but some further improvements in relating to safe care and treatment and good governance were still needed.

National Slimming Centres (Sheffield) is a private clinic which provides weight loss services for adults, including prescribing medicines and dietary advice to support weight reduction. This service is registered with CQC under the Health and Social Care Act 2008.

The clinic doctor 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.

Our key findings were:

- The clinic was in a good state of repair, clean and tidy.
- Policies and protocols had not been updated or reviewed.
- Some patient records were not completed in line with policy.

The areas where the provider **should** make improvements are:

- Review and improve policies and protocols to reflect the current practice.
- Improve the audit system to identify issues and ensure records are accurate and complete.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Where medicines are prescribed outside of prescribing protocols the reason should be clearly documented in consultation notes.
- Consent to share information with the patients doctor should be discussed when patients returned after a break in treatment.

Overall summary

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Chief Inspector of Primary Medical Services and Integrated Care.

Our inspection team

Our inspection team was led by a member of the CQC medicines team and included another CQC inspector.

Background to National Slimming Centres (Sheffield)

National Slimming Centres (Sheffield) is based on the first floor of a shared building and is located near Sheffield city centre.

The service comprises of a reception, office area and one clinic room. A toilet facility is available on the clinic premises. There is a doctor and two receptionists and another member of staff that looks after compliance work at the service.

The service is open Tuesday 1.30pm to 3pm and Saturday 9.00am to 12.00 noon.

Slimming and obesity management services are provided for adults over 18 years of age by appointment.

This service is planning to close in September 2021 and there was information displayed informing patients of this intention.

How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection report and action plan and information from the provider. We spoke to the manager and two members of staff. We also reviewed a range 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?

We rated safe as Requires improvement because:

There were gaps in risk assessments, and policies had not been updated to reflect the current service. When prescribing was outside guidelines and protocols the reason for this was not clearly detailed in the consultation notes.

However the gaps in safeguarding identified at the last inspection had been addressed and equipment had been calibrated.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted some risk assessments; however, these were not comprehensive. Policies were available but these had not been reviewed.
- Staff told us how they would protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had reviewed and updated the gaps in recruitment that we saw at the last inspection. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS 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)
- Reception staff had received safeguarding training appropriate to their role since our last inspection. They knew how to identify and report concerns. There was a safeguarding policy but this did not cover local contacts. The service no longer provided a chaperone service.
- There was a risk assessment covering the risk from legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The premises were clean and tidy and there was evidence of cleaning.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was no formal induction system for staff tailored to their role, however there had been no staff recruitment recently.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place.
- This is a service where the risk of needing to deal with a medical emergency is low. The doctor did not have access to medicines and equipment to deal with a medical emergency and there was no appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were not always written and managed in a way that kept patients safe. The care records we saw did not always show the information needed to deliver safe care and treatment was available to relevant staff. One patient had no medical history documented. For five out of ten of the patient records we reviewed we saw there was evidence that the medical history had been rechecked, after a break in treatment, but there was no evidence that consent to sharing information with their General Practitioner (GP) had been revisited. Where more than four weeks treatment was supplied the rationale was not consistently documented in line with policy.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment but consent to contact the GP had been declined for all the records we viewed. We were told that patients were given letters that they could take to their GP, and this would be noted on the patient record card, however, for two new patients this section was blank and it was not clear if these letters were supplied.
- The service had considered how they would manage medical records in line with Department of Health and Social Care (DHSC) guidance when they cease trading. Professional support should be consulted to ensure that the proposed action is appropriate

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including controlled drugs minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing, however the audit had not picked up some of the issues we identified.
- The service prescribed Schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence). They had appropriate storage arrangements and records.
- Staff prescribed or supplied medicines to patients and gave advice on medicines. Where there was a different approach taken from national guidance and the provider's policy it was not clear from patient notes what the rationale was. For two people medicines were supplied before they were due and the reason for this had not been recorded. This meant for one patient the recommended treatment break after 13 weeks was not taken.
- Some of the medicines this service prescribes for weight loss are unlicensed. 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. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

Track record on safety and incidents

The service had a good safety record.

- There were some risk assessments in relation to safety issues.
- There was no evidence that the service monitored and reviewed activity, however staff said that there had been no recent incidents.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The manager said they would be supported if they did so. There had been no events at this location since the last inspection.
- There were adequate systems for reviewing and investigating when things went wrong. The manager told us that the service had a process in place to identify themes and act to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team where necessary. No unexpected or unintended safety incidents had been reported since the last inspection.

Are services effective?

We rated effective as Good

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were assessed. However, we saw that three patient record forms were not fully completed. For one person the medical history was blank and for two new people there was no information about what had been tried previously to lose weight.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service completed a variety of audits, but we saw no evidence to show that audit had a positive impact on quality of care and outcomes for patients. For example, the audit of patient records did not identify any issues which was not consistent with the records we looked at.
- The provider now completed six monthly clinical records audit to review weight loss. However, we did not see any meaningful analysis of the data obtained for individual patients, or resulting actions.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified.
- No new staff had been employed since our last inspection, however there was no formal induction programme for all newly appointed staff as detailed in the provider's policy.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider had reviewed the learning needs of staff with regard to safeguarding training and provided protected time and training since our last inspection, however, we saw no other training opportunities identified.

Coordinating patient care and information sharing

Staff worked together well but, did not worked with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, the doctor usually ensured they had adequate knowledge of the patient's health and their medicines history, although we found that one record did not have the patient history completed.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. Where patients did not consent to a letter being sent, they were given a letter that they could take to

Are services effective?

their GP. But we could not see that this was reviewed at each consultation. We could not evidence that the risks of not sharing this information were explained to the patient. The doctor told us that he would consider the most recent update to the General Medical Council guidance (Good practice in prescribing and managing medicines and devices) with respect to information sharing.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. New patients were given a food diary, diet advice and encouraged to exercise.
- Patients were informed about the risks and possible side effects of the medicines and given information on the best time to take them.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated/ did not treat patients with kindness, respect and compassion.

- The service had not formally sought feedback from patients, since the last inspection, however it had taken action in response to patient comments. For example the clinic times had been increased to allow patients to attend in person more frequently than monthly.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- There were currently no interpretation services available for patients who did not have English as a first language. The doctor told us that they would not treat patients if they could not be sure that information could be correctly communicated.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and told us they would listen to patients requests for improved services.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The clinic ran on an appointment system.
- The service was planning to close in September and there was notices in place to inform patients.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff were able to describe how they would treat patients who made complaints compassionately.
- Staff told us that patients would be informed of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had no recent complaints.

Are services well-led?

We rated well-led as Requires improvement because:

The audit process was not effective and did not identify the issues we found in patient records. Policies and some risk assessments needed updating.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had plan to close in September 2021 and had posters up to notify patients. There was also a plan in place to manage remaining medicines.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were described by the provider when asked about responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service was aware of equality and diversity, although staff had received no formal training. There was no evidence workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

There was no clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, however the audit process was not always completed as detailed. For example no patient satisfaction survey had been completed since our last inspection. The provider was still working with the policies of a previous partnership that had not been reviewed or updated. Without the support of this partnership there was limited capacity to take over all of the required roles.
- Staff were clear on their roles and accountabilities
- Leaders had established policies and procedures, however these had not been updated to reflect the current service and patient information leaflets still references the old partner organisation.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety was not effective.
- The service had some processes to manage current and future performance. Performance of clinical staff should be demonstrated through audit of their consultations, prescribing and referral decisions. However, the audit system was limited and had not identified any issues which was not consistent with our findings.
- Clinical audit did not have a positive impact on quality of care and outcomes for patients as this was not effective. There was no clear evidence of action to change services to improve quality.
- Leaders had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from staff and patients informally though they had not actively sought feedback through formal patient audit as detailed in their policy.
- Staff could describe to us the systems in place to give feedback through staff meetings and we saw evidence of this in the minutes.

Continuous improvement and innovation

There there was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was no focus on continuous learning and improvement for non-medical staff.
- The service had a process to review internal and external reviews of incidents and complaints, however there had been no incidents in the last 12 months.

Are services well-led?

We saw no evidence of staff reviewing individual and team objectives, processes and performance.