

Briarswood Clinic Limited

Briarswood Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 13 September 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 providing safe care in accordance with the relevant regulations

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

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.

Briarswood clinic provides a private weight reduction service for adults. Dietary advice, support, and medicines are supplied to patients who use the service. The clinic is open weekly on a Wednesday between 1pm-8pm. The service was located within beauty treatment premises. The cosmetic treatments that are provided are exempt from CQC regulation so we were only inspecting the service provided for weight reduction.

The service was staffed by one doctor, a manager and a receptionist. The 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 received feedback from 21 patients through the collection of comments cards and speaking to patients during the inspection. All patients found the premises clean and the staff professional, caring, respectful and helpful.

Summary of findings

Our key findings were:

- Patients were overwhelming positive about the service and found staff professional, caring and considerate
- The premises were suitable and clean
- Prescribing was in line with treatment protocols
- Patients were provided with comprehensive information to support weight loss

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 staff training with regard to information governance and confidentiality
- Review the calibration process for blood pressure monitors
- Review the process for sharing information with patients' GPs and documenting clinical decisions

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 providing safe care in accordance with the relevant regulations.

The provider understood their obligations under duty of candour and staff were trained in safe guarding. The premises were suitable and clean and medicines were managed appropriately.

All staff had not completed information governance training or signed a confidentiality agreement. Some equipment in use had not been regularly calibrated.

Are services effective?

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

The service followed their prescribing protocol and patients were provided with comprehensive information regarding diet and nutrition along with information about any medicines they were supplied. There was no evidence of sharing of information with GPs.

Are services caring?

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

All patients' comments were overwhelming positive and patients found staff professional, caring and understanding.

Are services responsive to people's needs?

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

The provider collected feedback from users of the service and patients were able to contact the manager for advice outside of the clinic opening hours.

Are services well-led?

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

The manager of the service actively monitored the patients receiving treatment and audited weight loss. Records were kept securely and policies were in place. Staff had undertaken further development and training suitable for their role.

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Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at Briarswood Clinic on 13th September 2017. The team was led by a member of the CQC medicines team and included another member from the medicines team.

Before visiting we reviewed information from the provider about the service.

The methods that were used were talking to people using the service, reviewing comments cards completed by patients, interviewing staff, observation and a review of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There had been no incidents reported in the last 12 months at Briarswood Clinic.

All staff were aware of the requirements of the Duty of Candour.

The service had systems in place for knowing about notifiable safety incidents.

The manager received patient safety alerts via the Central Alerting System and actioned appropriately if relevant. We saw that the looped cords on the blinds had been made safe in line with recommendations from the Department of Health.

Reliable safety systems and processes (including safeguarding)

Records indicated that all staff had completed adult's safeguarding training. Although the service only treated adults, patients could be accompanied by their children to appointments. The doctor had level 3 children's safeguarding training, and was the safeguarding lead for the service. Local contact details for Essex safeguarding were available.

Medical emergencies

The provider deemed the risk of a medical emergency was very low in this service and had decided not to hold any emergency medicines on site except oxygen, which was suitable for use if required. The doctor was trained in basic life support. There was a first aid kit and an accident book. The manager was trained in first aid. There was a written procedure on how to deal with emergencies.

Staffing

We reviewed all three personnel files. Appropriate recruitment checks had been made including photographic identification, references and registration with professional bodies where applicable. Checks had been made with the Disclosure and Barring Services (DBS) for all three staff in line with the service's policy.

The doctor was registered with the General Medical Council (GMC), was up to date with revalidation and had a recent appraisal supervised by a Responsible Officer which included their work at the slimming clinic.

The receptionist also had an annual review. However, there was no signed contract within the file and no evidence of information governance training. Within 48 hours of our inspection a declaration of confidentiality was in place along with appropriate training scheduled.

Patients could request a chaperone if they so wished and a notice kept beside the weighing scales offered this service. Staff told us that they had never been requested to provide this service however the receptionist was trained should it be required.

Monitoring health & safety and responding to risks

The provider had professional indemnity insurance which covered the doctor when working within the service.

Infection control

The premises where the clinic was held was in a beauty salon. The salon was not open for other treatments whilst the slimming clinic was operational. The premises were very comfortable and patients commented that the environment was very clean and tidy. Handwashing facilities were available.

Cleaning was the responsibility of the manager and was carried out daily. The weighing scales were cleaned between each patient.

Premises and equipment

The premises were in a good state of repair. Fire risk assessments had been carried out and fire extinguishers were available for use. All staff had completed fire training. A risk assessment for legionella had been completed.

Testing of electrical equipment had been carried out.

The service had purchased new weighing scales in October 2016.

We saw two blood pressure machines being used; one provided by the service, the other belonged to the doctor. There was no evidence that doctor's own machine was being calibrated regularly. Subsequent to our inspection the manager has assured us that they are upgrading their blood pressure machine and returning it to the manufacturers annually for calibration.

Safe and effective use of medicines

The doctors at this service prescribe 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 Briarswood 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.

We checked how the medicines were stored, packaged and supplied to patients. The medicines were stored securely. They were appropriately labelled and records were kept of the quantities held by the service.

Waste medicines were denatured in line with Controlled Drugs regulations and the service had the appropriate exemption certificate to enable them to carry out this activity.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The service only treated adults aged 18 and over. The clinic's policy stated they would request proof of identity for anyone in the age range 18-25 years.

The service had a treatment protocol in place covering the assessment and treatment of patients. We checked 10 records and in all cases the treatment protocol was followed. In one case we saw that two risk factors had been identified with regards to a previous history of eating disorder and alcohol or substance abuse. The clinical records did not document what discussion had taken place with this individual. When we discussed this with the doctor, they had discussed this with the patient and used their professional judgement to treat this individual but the records did not reflect the discussions.

Initial consultation was by appointment only and included a review of Body Mass Index (BMI), current medicines, medical conditions, allergies, counselling with regards to diet/exercise and the use of appetite suppressants if appropriate. At each subsequent visit, the patient's weight was recorded along with their blood pressure, BMI and any other change in circumstance.

When patients were treated with medicines there were appropriate breaks in the treatment courses.

The manager had completed an audit to see if treatment was successful and he shared the learning with the doctor and patients. He also provided additional encouragement to patients via a letter once they had lost 10% of their starting weight.

Staff training and experience

The doctor was registered with the GMC and records indicated that he had undergone further training relevant

to his practice. This included communication, dementia awareness, nutritional awareness, privacy and dignity, mental capacity, equality and diversity, preventing radicalisation, handling conflict and promoting person centred care.

The manager was a member of the Obesity Management Association (OMA) and attended meetings. There was also evidence of further training relevant to his role at the clinic such as safe administration of medicines, record keeping, dementia care, infection control and a qualification in challenging obesity.

Working with other services

The doctor told us that they advised patients to inform their own GP about their treatment at the service. This was also recommended in their welcome letter. If patients were identified with a medical condition such as raised blood pressure then before Briarswood would accept them as a patient the provider told us they would require consent from their GP. We didn't see any evidence of communication between the provider and a GP during our inspection. The service should review its information sharing procedure in line with GMC guidance.

Consent to care and treatment

Patient's consent was documented on their record card. The record card also included the recommendation to consult their GP before accepting treatment and included questions regarding past medical history.

Patients were informed that the medicines were being used off licence and this allowed them to raise any concerns. They were provided with patient information leaflets for the medicines supplied.

The doctor was able to explain his obligations in assessing mental capacity.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All comments received either through comment cards or in speaking to patients were extremely positive. We spoke with three patients and received 18 comment cards. All said that they were treated with dignity and respect and felt supported. Staff were friendly, professional, caring and considerate and would go above and beyond to help. One patient we spoke with had recommended the service to colleagues. Weighing took place in an area behind the reception and consultations were conducted in a private room.

Involvement in decisions about care and treatment

Patients received information about diet and exercise and patient information leaflets were supplied for the medicines they received. Staff ensured that patients understood the treatment offered and gave ample opportunity to ask questions.

Costs were explained by the receptionist and are clearly displayed on the website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients told us their needs were met by the treatment received at the clinic. The waiting area was comfortable and the manager was available to talk through any concerns. Patients made comments on how supportive the manager and the doctor were in responding to their worries. They found staff helpful and caring and were always willing to advise especially with nutritional tips.

The provider carried out a patient survey which was overwhelming positive. Patients found staff efficient and helpful. The only negative comment was about the location of the weighing scales and the manager was considering moving the scales to a treatment room to ensure additional privacy.

Tackling inequity and promoting equality

Access to the clinic was within a beauty salon with a step up into the door. This was explained to patients when they booked their appointment. The provider had not come across an incident where a patient could not access the clinic but if necessary they could give details of an alternative provider.

The service had never been required to see patients whose did not speak English. Staff told us that if the situation arose they would use family members as interpreters.

Access to the service

The clinic was open every Wednesday from 1pm-8pm. Patients could make an appointment or walk-in.

When the clinic was closed, patients could still contact the manager who was present in the beauty salon. One patient we spoke to had called with concerns outside of the slimming clinics operating hours and the manager had returned her call immediately and advised her appropriately. The manager could also contact the doctor outside operational hours for medical advice if necessary.

Concerns & complaints

There had been no complaints in the last year. There was a complaints policy and patients were aware of who to speak to if necessary, everyone we spoke to said they would be completely confident to raise any issues with the manager.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Governance arrangements

The manager was based at the clinic and had thorough procedures to ensure that the necessary governance arrangements were in place. The manager checked that the doctors had completed their appraisals conducted by their Responsible Officer. There was evidence that staff had accessed further training and development relevant to their role.

Paper patient records were held securely and only authorised staff had access to them.

Audits were carried out to monitor the quality of the service for example, ensuring that patients had signed the consent to treatment. Those people whose signatures that were identified as missing on the current paperwork were asked to sign at the next visit.

There was a process in place to report incidents and complaints.

There were current policies in place covering assessment, diagnosis and treatment, management of medicines, recruitment, safeguarding, infection control and health and safety.

Leadership, openness and transparency

The provider was aware of the need for duty of candour and staff told us they encouraged openness and honesty with patients.

Learning and improvement

There were no reported incidents within this service in the last year.

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

The service conducted an annual assessment of the views of its patients in order to inform and improve their service. Patients could also fill out comments cards. The only negative feedback received involved one comment about the location of the weighing scales; the manager was considering relocating them.