

Medical Slimming Clinic Ltd

# Medical Slimming Clinic - Doncaster

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 03 February 2016 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 because safety systems and processes were not reliable; medicines were not managed safely, and equipment was not maintained appropriately.

##### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations because decisions about treatment were not always clearly recorded in patient's records.

##### **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 not providing well-led care in accordance with the relevant regulations because the provider did not have adequate systems and processes in place to monitor and improve the quality of the service being provided.

##### **Background**

Medical Slimming Limited is located in Doncaster town Centre. The service comprises of reception and office areas and one clinic room. A toilet facility is available at the clinic premises. There are two clinicians, and a manager who also works as the receptionist. Slimming and obesity management services are provided for adults from 18 to 65 years of age either by appointment or on a 'walk-in' basis.

32 people provided feedback about the service before and during our inspection.

##### **Our key findings were:**

# Summary of findings

- Patients told us they were treated with consideration, dignity and respect and involved in decisions about their care and treatment.
- The premises were clean and tidy, and the facilities were appropriate for the services being delivered
- Staff and patients told us that all consultations were carried out in the privacy of a consulting room.

There were areas where the provider must make improvements and must:

- Ensure there are adequate systems and processes in place to monitor and improve the quality of the service being provided.
- Ensure there is in place an adequate risk assessment with regard to fire, and that firefighting equipment has been serviced according to manufacturers' recommendations.
- Ensure that all electrical appliances on the premises have been PAT tested, and medical equipment is regularly calibrated.
- Ensure there are safe systems in place for the management of medicines

- Ensure adequate infection control measures are in place at the service
- Ensure that robust systems and processes are in place to prevent abuse of service users
- Maintain an up to date record of appraisals and confirmation of revalidation of medical staff

There were other areas where the provider should make improvements and should:

- Encourage feedback from patients and show how patient feedback is driving improvements within the service
- Ensure that treatment protocols clearly set out when it is appropriate to prescribe medicines
- Assess how they will make their services accessible. They should review the interpretation services offered to clients who speak another language, and the reasonable adjustments made for disabled patients to ensure they are not disadvantaged compared with non-disabled people
- Ensure that where patients do not opt out, information about their treatment is shared with their GP

# 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/Enforcement section at the end of this report).

The provider did not have robust arrangements in place to keep people protected and safeguarded from abuse. They had not carried out appropriate recruitment checks prior to staff being employed. The premises were clean and tidy, however there was no infection control policy in place and there were no supplies of sterile gloves, alcohol gel, or a sink in the clinic room. Firefighting and medical equipment had not been serviced or calibrated in accordance with the manufacturer's recommendations. Medicines were stored safely in accordance with legal requirements.

### Are services effective?

We found that this service was not providing effective services in accordance with the relevant regulations.

A brief assessment of each patient took place before medicines were prescribed. However, in some cases medical histories were not fully completed and decisions relating to treatment had not been clearly recorded in the patient's notes. There was no protocol in place to set out clear thresholds for treatment. People were provided with written information about medicines in the form of a patient information leaflet, as well as information on healthy eating.

### Are services caring?

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

Staff were friendly, helpful and caring, and treated people with dignity and respect. People felt involved in decision making about the care and treatment they received.

### Are services responsive to people's needs?

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

# Summary of findings

The facilities were appropriate to meet people's needs and patients could usually plan appointments to see their doctor of choice. The premises were inaccessible to patients with mobility difficulties and there was no hearing loop for patients with hearing difficulties. Written information was not available in any other languages; the clinic did not have access to interpreter services. There was no information displayed about how people could complain.

## Are services well-led?

We found that this service was not providing well-led 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/Enforcement section at the end of this report).

The clinic had a number of policies and procedures in place to govern activity although some of these were not fit for purpose. The provider had no comprehensive assurance systems or performance measures in place, and there was no systematic programme of clinical or internal audit to monitor the quality of the service. There were no systems in place for knowing about notifiable safety incidents, and the views of patients were not routinely sought or encouraged.

# Medical Slimming Clinic – Doncaster

## Detailed findings

### Background to this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This location has not been inspected before.

We inspected this service on 03 February 2016. Before visiting, we reviewed a range of information we held about the clinic which included information from the provider. The inspection was conducted by a CQC lead inspector and a pharmacist specialist.

We talked to people using the service, interviewed staff, made observations, and reviewed documents during the inspection.

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

The provider was not aware of the requirements of the Duty of Candour, but could describe what they would do if there were unintended or unexpected safety incidents. We were told that there had been no incidents in the previous 12 months. The practice had no systems in place for knowing about notifiable safety incidents.

### Reliable safety systems and processes (including safeguarding)

There was a safeguarding policy in place, however this had not been updated since 2011. The policy was not fit for purpose and did not describe how staff should report concerns. The registered manager told us the doctors working at the clinic had received safeguarding training but was unable to provide us with training records during the inspection (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). There was no named safeguarding lead, but the registered manager and clinicians told us what action they would take in the event of a safeguarding concern. Individual patient records were stored securely in the clinic. The registered manager told us that a chaperone was not available and that none of the staff had received additional training specific to this role.

### Staffing

We looked at employment records for three staff and found appropriate recruitment checks had not been undertaken prior to them being employed. For example, proof of identity, full employment history, confirmation of registration with the appropriate professional body, and appropriate checks through the Disclosure and Barring Service (These 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). We checked and found that both of the doctors working at the service were GMC

registered. There was also a person working at the clinic on a temporary basis who had access to confidential patient information. The registered manager did not have any documentation relating to their employment.

### Infection control

The premises were clean and tidy, and patients told us they were happy with the level of cleanliness. There was no infection control policy in place; the registered manager told us they performed cleaning duties, and did not have a specific cleaning schedule. There were no supplies of sterile gloves, alcohol gel, or a sink in the clinic room. Staff had access to a sink, liquid soap, alcohol gel, and paper towels in the toilet which was situated on the floor above the clinic room.

### Premises and equipment

The premises were generally in a good state of repair. There was no information displayed in the reception area about what to do in the event of a fire and there was no documented fire evacuation procedure in place. Firefighting equipment had last been serviced in November 2007 which was not in accordance with the manufacturers recommendations and meant we could not be certain it was fit for use. We found weighing scales and blood pressure monitoring equipment in the clinic room had never been calibrated and there was no calibration schedule in place. This meant we could not be sure the measurements being recorded during consultations were accurate. The provider submitted evidence that equipment had been calibrated and a fire evacuation procedure had been put in place following our inspection.

### Safe and effective use of medicines

Doctors at the service prescribed the appetite suppressants Diethylpropion Hydrochloride and Phentermine. 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 market authorisations. The approved indications are "for use as an anorectic agent for short term use for the adjunct 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.

## Are services safe?

Diethylpropion and Phentermine are not currently recommended for the treatment and management of obesity by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians (RCP). The British National Formulary states that these medicines are centrally acting stimulants that are not recommended for the treatment of obesity.

There was no prescribing policy in place to set out when medicines could safely be prescribed, but there was a policy which covered their dispensing and storage.

Medicines were stored securely in accordance with legal requirements, and under the personal control of the doctor. We saw records of the ordering, receipt and prescribing of medicines. A procedure was in place to check the balance of medicines each month. Medicines were dispensed by the doctor according to the clinic protocol, however the labels used did not meet legal requirements and best practice recommendations. Appropriate records of supplies were made in patients' notes at the time of dispensing.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

We saw evidence that a brief assessment of each patient took place before medicines were prescribed. This included a medical history, blood pressure, and measurement of body-mass index (BMI). During the initial consultation, the doctor discussed the treatment available. Written information was provided on eating healthily, and we saw examples of this. The doctor also checked for contraindications to treatment such as heart disease, high blood pressure, glaucoma, thyroid disorders and pregnancy. However, we saw in some cases medical histories were not fully completed and decisions relating to treatment had not been clearly recorded in the patient's notes.

There was no protocol in place to set out clear thresholds for treatment; the doctor we spoke with told us treatment could be given if BMI was greater than or equal to 28. Before prescribing medicines, the doctor discussed appetite suppressants, explained how they should be used and what the side effects could be. Patients were also provided with written information about medicines in the form of a patient information leaflet.

We checked ten sets of patient records and saw regular reviews of weight, BMI and blood pressure were recorded. Patients were given limited supplies of medicines and we saw evidence that some patients had a break from treatment. However, this was variable because plans and decisions about treatment were not clearly documented in all cases.

### Staff training and experience

There were two doctors who worked at the clinic, neither of whom had undertaken any specialist training in obesity or weight management. There were no records showing clinicians had undertaken any continuing professional development (CPD) in this area of practice. We were told clinicians were supported through appraisal, and the clinic policy stated they should receive training from a 'senior doctor'. Although both doctors had undergone revalidation with their professional body, the provider did not have an up to date record of appraisals or confirmation of their revalidation. Records showed appraisals had last been performed by the registered manager in 2012.

### Working with other services

People were asked before treatment commenced if they would like their GP informed of their treatment. If they did not agree they could opt out by ticking a box on the consent form. In one case we saw a patient had not opted out, however the letter remained in their patient file and there was no record of any communication being sent to their GP. The registered manager told us they only contacted patients GP if the patient specifically requested it.

### Consent to care and treatment

Consent was obtained from each patient before treatment was commenced. The doctor we spoke with explained how they would ensure a patient had the capacity to consent to treatment in accordance with the Mental Capacity Act. Patients had to sign to confirm they would inform clinic staff of any changes in their health or circumstances and take reasonable precautions not to become pregnant during treatment with appetite suppressants.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Patients completed CQC comment cards to tell us what they thought about the service. We received 32 completed cards and all were positive. Patients said they felt the clinic offered an excellent service and staff were friendly, helpful and caring, and treated them with dignity and respect. Staff and patients told us that all consultations were carried out in the privacy of a consulting room.

### **Involvement in decisions about care and treatment**

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive, and to discuss any concerns with the doctor.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

The facilities were appropriate to meet people's needs, and patients were provided with relevant information and guidance on healthy eating and exercise. We were told that doctors usually worked on the same days of the week which meant patients could usually plan appointments to see their doctor of choice.

### **Tackling inequity and promoting equality**

The premises were inaccessible to patients with mobility difficulties; reception was on the first floor and the toilet facilities were on the second floor. There was no lift in the building. The practice did not provide a hearing loop for patients with hearing difficulties and written information was not available in any other languages; the clinic did not have access to interpreter services.

### **Access to the service**

The clinic ran from 4:00pm to 6:00pm on Wednesday, and from 10:00am until 12:00pm on Saturday. Staff were available for enquiries and booking appointments by telephone during normal business hours Monday to Friday. Patients could also attend the clinic without an appointment as a walk-in service. Some of the comment cards we received mentioned limited opening hours sometimes made it difficult to access the service at a convenient time.

### **Concerns & complaints**

The provider had a policy and procedure in place for handling concerns and complaints, however there was no information displayed about the steps people could take if they were not satisfied. We were told there had been no complaints received in the last 12 months.

# Are services well-led?

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

## Our findings

### **Governance arrangements**

The clinic had a number of policies and procedures in place to govern activity although some of these were not fit for purpose. For example, the prescribing policy did not state clear thresholds for the treatment of people with high blood pressure, or at what BMI treatment could be safely initiated. The provider had no comprehensive assurance systems or performance measures in place, and there was no systematic programme of clinical or internal audit to monitor the quality of the service.

### **Leadership openness and transparency**

The provider was not aware of the requirements of the Duty of Candour, but could describe what they would do if there

were unintended or unexpected safety incidents.

Observing the Duty of Candour means that people who use services are told when they are affected by something that goes wrong, given an apology, and informed of any actions taken as a result. The provider did not actively encourage a culture of openness and honesty. The service had no systems in place for knowing about notifiable safety incidents.

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

The views of patients were not routinely sought or encouraged; we were told a patient feedback form was available, but that this was rarely used. We were told there had been no suggestions for service improvement made in the last 12 months.

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

Services in slimming clinics

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider did not have adequate systems and processes in place to monitor and improve the quality of the service being provided.**

#### Regulated activity

Services in slimming clinics

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider did not have robust systems and processes in place to prevent abuse of service users.**

#### Regulated activity

Services in slimming clinics

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**The provider had not maintained up to date records relating to appraisal and revalidation.**

This section is primarily information for the provider

## Enforcement actions

### 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not carried out an adequate risk assessment with regard to fire, and firefighting equipment had not been serviced according to manufacturers' recommendations.</p> <p>None of the appliances on the premises had been PAT tested</p> <p>Medical equipment had never been calibrated</p> <p>The provider did not have safe systems in place for the management of medicines</p> <p>There were inadequate infection control measures in place at the service</p>
Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had not undertaken the proper employment checks as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had not performed checks with the relevant professional body to confirm registration.</p>