

Codegrange Limited

National Slimming & Cosmetic Clinics (Crawley)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 February 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 providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction. At National Slimming and Cosmetic Clinics (Crawley) the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for weight reduction but not the aesthetic cosmetic services.

Before the inspection, we looked at a range of information that we hold about the clinic. This included

Summary of findings

the most recent inspection report from June 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.

CQC inspected the service on 20 May 2014 and asked the provider to make improvements regarding supporting workers. We checked these areas as part of an unannounced inspection and found this had been resolved.

National Slimming and Cosmetic Clinics (Crawley) is an independent provider of weight management services, including prescribed medicines, dietary and lifestyle advice.

The clinic manager is in the process of becoming 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. Eleven people provided feedback about the service. Feedback about the service provided was almost always positive.

Our key findings were:

- The premises were clean and tidy.
- Staff told us they felt supported to undertake their work and were happy to raise any concerns with their manager.
- Staff interacted with patients in a caring manner.
- Patient feedback about their experience of the service was almost always positive.

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

- Review their processes for records of controlled drugs which were awaiting destruction.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Review the labelling of supplied medicines to include the quantity supplied.

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. We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have processes in place to record the name and quantity of controlled drugs which were awaiting destruction.

The clinic was clean tidy. Cleaning records and infection prevention and control audits were in place. Policies and standard operating procedures were in place to support all staff to undertake their roles safely. Processes were in place for reporting and learning from incidents. We saw that learning was shared with staff to reduce the risk of reoccurrence.

Medicines were stored securely. A doctors' manual and other relevant resources were available to support the prescribing process.

Are services effective?

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

Staff had undertaken training relevant to their roles. We also saw that 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.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. Feedback about the service was almost always positive. We observed staff interact with patients in a caring manner.

Are services responsive to people's needs?

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

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 with a view to encouraging improvement. On the day of the inspection, the clinic manager was in the process of applying to become the registered manager.

National Slimming & Cosmetic Clinics (Crawley)

Detailed findings

Background to this inspection

NSCC Crawley is an independent provider weight management services, including prescribed medicines, dietary and lifestyle advice. The clinic is located in Crawley town centre on the second 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 four days per week, Wednesday to Saturday inclusive.

We carried out this inspection on 15 February 2018. The inspection team was comprised of two members of the CQC medicines optimisation team, a Pharmacist Specialist and Regional Medicines Manager. 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 and had undertaken appropriate training. A safeguarding policy was in place and the manager and reception staff had undertaken safeguarding training for adults and children. Staff were able to describe what action they would take in the event of a safeguarding concern, including who they would contact.

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

The premises were clean and tidy. Staff cleaned the premises regularly and made records 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. Hand washing 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. Exposure can cause pneumonia-like illnesses called Legionellosis.

The service was located on the second floor of a shared premises. Staff and patients had access to toilet facilities. The premises were in a good state of repair. Records showed that fire alarms were tested weekly. Clinical equipment such as weighing scales were calibrated regularly to ensure they were working. There was a policy on chaperones. Whilst the service did not provide a chaperone, people could bring their own chaperone with them if they wished.

Risks to patients

The clinic was adequately staffed. Staff had annual appraisals and had undertaken both induction training and 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. However, a medicine to treat the effects of anaphylaxis (severe allergy) was stored in the consulting room. This was within the expiry date and there was a sharps bin present for disposal of any used devices. 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 necessary.

We saw evidence of indemnity insurance for clinic staff, and public and employer liability insurance. Electrical equipment had been tested to ensure it was safe to use. Records showed staff had undertaken health and safety awareness training.

Information to deliver safe care and treatment

Appointments were booked electronically. All patient records were handwritten. This included record of medical history and prescribing. These were updated by the doctor at each appointment. Patient records were stored securely and access was restricted to authorised staff only. There was a process in place to share information (for example, with someone's GP).

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 special 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.

Are services safe?

At National Slimming and Cosmetic Clinics (Crawley) we found that patients were treated with unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy.

The British National Formulary (version 71) states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines 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.

Medicines were stored securely, and access was restricted by the doctor who prescribed them. Appropriate processes were in place for ordering and receiving medicines. Records were available to demonstrate this. Staff were supervised by the doctor to pre-package medicines into containers ready for supply to service users. We also saw that the doctor labelled the medicines for supply to individual service users. However, there was not a process in place to ensure the quantity of medicine was shown on the label. The quantity should be on the label to ensure patients are aware of how much medicine has been supplied to them. Balance checks of stock were also undertaken regularly. We saw that there were no records for stocks of controlled drugs awaiting disposal. The provider should review their processes to ensure this is recorded.

Each time the doctor made a supply of medicine, a record of prescribing was made and any relevant medical details were updated. We viewed ten examples of these. We found that no patients under 18 years of age were prescribed medicine for weight reduction. Where relevant, patients were given treatment breaks. We saw an example where treatment was appropriately refused due to the patient having an already healthy body mass index (BMI).

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 10 patient record cards and found that appropriate checks were made at people's initial appointments.

Monitoring care and treatment

We saw from record cards that patients were appropriately monitored at subsequent appointments. This included weight and blood pressure checks. However, we did not always find that target weights had been set for patients. Staff told us that some patients found this difficult to envision, but that they did discuss their weight loss progress each time they visited the clinic.

Effective staffing

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). Checks on

revalidation status were also completed by the provider. Reception staff had completed a range of training relevant to their roles and responsibilities. We also saw evidence that staff had annual appraisals.

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 with respect to 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

We observed staff talking to patients about the cost of the treatment. Written information about the cost of the treatment offered at the clinic was also displayed clearly in the waiting room. The doctor was able to describe how they would assess a patient as having capacity to consent to treatment, in line with the Mental Capacity Act 2005. A record of consent was made on treatment record cards at patients' first consultations. Identification checks were undertaken to ensure people were 18 years of age or over. Evidence of this was recorded on the prescription record card.

Are services caring?

Our findings

Kindness, respect and compassion

We reviewed the 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 respect.

We observed staff interactions with patients on the day of the inspection and found that staff acted in a polite and caring manner.

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, particularly when there was more than one person in the waiting room. Patient records were stored securely to ensure that only appropriate 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 two flights of stairs and the building did not have a lift. Staff told us that they would respond to people's needs on an individual basis. When new patients telephoned about the service, staff also discussed access to the building. 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 currently available to patients.

Staff told us that people whose first language was not English were able to bring family and/or friends to help with translation. A telephone translation service was available. Written information was also available in different languages.

Timely access to the service

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

Listening and learning from concerns and complaints

A complaints policy was in place and staff could describe what they would do in the event of a complaint. Signs providing patients information about how they could complain were available in the clinic. There was no record of a complaint received by the service in the last 12 months. Staff sought feedback about the service both verbally and utilising a patient satisfaction survey.

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 less than one year. They had worked to become 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

In the absence of a corporate vision and strategy, staff were still able to describe the overall aims and ethos of the service. Staff told us that their purpose was to support patients to lose weight safely with a view to improved future health. Staff talked to us about the importance of talking to, and encouraging patients to adopt healthier eating and increase their activity in conjunction with prescribed medicines.

Culture

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

Governance arrangements

A suite of policies and procedures were in place to support staff to deliver services safely. These had been reviewed in 2017 and were updated when required. There was evidence to show that staff had read the procedures relevant to them. Staff were also able to demonstrate that they understood these, and how they were relevant to their respective roles.

Managing risks, issues and performance

Plans were in place to ensure that locum doctors were available to cover clinics that regular doctors were unable to attend. Staff told us that patient appointments were rarely cancelled due to lack of a doctor in the clinic. The registered manager had general oversight of the clinic and coordinated a range of audits to monitor the performance of the service. These included customer satisfaction surveys and prescription record card audits.

Appropriate and accurate information

Information on prescription record cards included details on people's medical histories and medicines prescribed. We saw that cards were filled in accurately. These cards were audited to ensure that people were receiving appropriate treatment. It was not always possible to verify some clinical information with the patient's GP if they had not consented. Staff acknowledged that this was a limitation of this audit process.

Engagement with patients, the public, staff and external partners

Patient feedback was sought via 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. Staff involvement was central to this process.

Continuous improvement and innovation

We saw that staff had meetings to share learning from the organisation's quarterly review of incidents. Training had been planned for all doctors on a new medicine which was going to be offered for weight management. We saw that there was a continuous professional development folder available in the clinic. This meant that staff had access to up to date information on weight management.