

Codegrange Limited National Slimming Centres (Portsmouth)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 12 December 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.

CQC inspected the service on 19 January 2016 and asked the provider to make improvements regarding safe care and treatment and safeguarding service users from abuse and improper treatment. We checked these areas as part of this comprehensive inspection and found this had been resolved.

The concerns we previously identified were that the registered provider:

- Had not always ensured that staff had the relevant competence and skills to enable them to provide safe care and treatment
- Was not supplying medicines in accordance with its own policies
- Did not have robust systems and processes in place to prevent the abuse of patients.

National Slimming Centres (Portsmouth) provides weight loss treatment and services, including prescribed

Summary of findings

medicines and dietary advice, to people in Portsmouth accessing the service. The service consists of two rooms and a toilet on the first floor of a shared building in a city centre location. The service is open for half a day on Monday, Tuesday, Wednesday, Friday, and Saturday.

A doctor, supported by a receptionist and centre manager, runs the service. The centre manager 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. 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.

14 people provided feedback about the service on CQC comment cards. All the feedback was positive about the staff and the service provided. The comments included complements on the information and advice provided by staff at the service.

Our key findings were:

- All policies had been reviewed and updated following the previous CQC inspection in 2016
- Additional safeguarding training had been undertaken by staff
- Staff told us they worked well as a team and were supported to carry out their roles and responsibilities
- Patient feedback was positive about their treatment and the support they received
- The provider had systems in place to monitor the quality of the service provided.

There was an area 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.

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 service had processes for reporting, learning, sharing and improving from incidents. Staff had received safeguarding training, guidelines for medical emergencies were available and accurate records were kept. The service was clean and tidy and infection control audits were undertaken. Governance procedures were in place to support security of medicines.

However, the service should only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

Are services effective?

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

Doctors screened and assessed patients prior to treatment. All staff had received relevant training to enable them to carry out their roles. The service contacted patients' GPs to share relevant information when patients gave permission. Doctors declined to treat patients with contra-indications and only treated higher risk patients following consented correspondence with the patients' GP. Staff at the service ensured that individual consent was obtained prior to treatment.

Are services caring?

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

Patients were very positive about the service provided at the service. Patients informed us that staff were helpful, maintained patient's dignity and treated them with respect.

Are services responsive to people's needs?

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

The facilities and premises were appropriate for the services provided. We saw evidence that staff had been trained to be aware of patients with protected characteristics for example age, disability, race and sexual orientation. Patients could telephone or attend the clinic to book appointments. The service had a system for handling complaints and concerns. Access to telephone translation services had been recently introduced.

Are services well-led?

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

Staff felt supported to carry out their duties. Staff were able to describe how they recorded and investigated safety incidents and were aware of the requirements of the duty of candour. Duty of candour requires the service to be open and transparent with patients in relation to their care and treatment. There was a system in place for completing some clinical audits. The provider sought the views of patients and used this information to drive improvement.

National Slimming Centres (Portsmouth)

Detailed findings

Background to this inspection

We previously carried out a comprehensive inspection on 19 January 2016. The service received requirement notices for Regulation 12 (safe care and treatment) and Regulation 13 (safeguarding service users from abuse and improper treatment) HSCA (RA) Regulations 2014. This was because the registered provider:

- Had not always ensured that staff had the relevant competence and skills to enable them to provide safe care and treatment
- Was not supplying medicines in accordance with its own policies
- Did not have robust systems and processes in place to prevent the abuse of patients.

We carried out a follow up inspection on 12 December 2017 to check whether the service was now compliant. We found that the service was now compliant with the regulations.

The inspection was led and supported by two pharmacist specialists, who are members of the CQC medicines team.

Before visiting, we looked at a range of information that we hold about the service. We reviewed the last inspection report from January 2016 and information submitted by the service in response to our provider information request. During our visit, we reviewed comment cards completed by the patients who used the service, interviewed staff, observed practice and reviewed 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

Safety systems and processes

At the previous inspection in January 2016, we found the service did not have safe systems and processes to keep people protected and safeguarded from abuse. When we inspected in December 2017 we saw there was a safeguarding policy in place. This policy included the adult and children's safeguarding teams contact details at the local authority and was accessible to staff. All staff had received introductory training in adult and child safeguarding and could tell us what action they would take in the event of a safeguarding concern. The manager was the safeguarding lead for the service and had completed the relevant adult and child safeguarding training.

Staff personnel files demonstrated that a safe recruitment process was followed. Files contained full employment history and appropriate references. Disclosure and Barring Service (DBS) checks were in place, and were being renewed for all staff, in line with the service's policy. The employment of new non-clinical staff waiting for DBS checks was risk assessed. The doctors had up to date revalidation with the General Medical Council.

The premises were clean and tidy and an infection control policy was in place. The cleaning schedule records indicated regular cleaning was undertaken by staff as part of their normal daily duties. Staff had undertaken infection prevention and control training. Staff had access to alcohol gel and examination gloves in the consultation room.

We saw that policies were in place for the management of waste and the safe disposal of sharps. We saw that waste was segregated and stored appropriately. The service held a contract with a clinical waste contractor and had the required exemption from the Environment Agency to authorise denaturing (rendering unusable) of controlled drugs before disposal.

The premises were in a good state of repair. All electrical equipment was tested to ensure that it was safe to use. Clinical equipment was checked to ensure it was calibrated and working properly.

Risks to patients

Staffing levels were sufficient to meet patients' needs. The doctors worked in other locations for the same provider so were able to be flexible. Reception staff covered each other's absence. This ensured continuity of staff that patients appreciated.

Staff had an understanding of and were trained for, emergency procedures. A fire risk assessment was in place and fire equipment was available with a service schedule, which was followed. There was a fire evacuation policy displayed in the waiting area.

At the previous inspection in January 2016, we were not assured that the doctors had received basic life support training. When we inspected in December 2017 the registered manager showed us the doctors' basic life support training records. Staff could explain their responsibilities to identify and respond to medical emergencies and this had been risk assessed. In the event of a medical emergency, staff would call the emergency services and were aware of local urgent care provision.

We saw evidence that the provider had indemnity arrangements in place to cover potential liabilities that may arise.

Information to deliver safe care and treatment

Appointments were booked using a computerised system. Patients' medical information, clinical notes and record of medicines supplied were recorded on individual record cards. The cards were stored securely at the service and access was restricted to protect patient confidentiality.

Safe and appropriate use of medicines

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

Are services safe?

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 (Portsmouth), 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 saw that staff were following their medicines management policy and that medicines were stored, packaged and supplied to people safely. Medicines were ordered and received when there was a doctor on the premises. They were packaged into appropriate containers by a second member of staff under the supervision of the doctor. We saw the orders, receipts and prescribing records for medicines supplied by the service. The medicines were checked after each session to confirm that all the necessary records had been made. A separate weekly stock check was also carried out. Medicines prescribed by the doctor were supplied in appropriate labelled containers, which included the name of the medicine, instructions for use, the patient's name, date of dispensing and the name of the

prescribing doctor. A record of the supply was made in the patient's records. Patients received information leaflets about their prescribed medicines including their licensed status.

At the previous inspection in January 2016 we saw two examples of prescribing for more than 12 months without treatment breaks. Both examples had limited weight loss and did not have a recorded reason for the on-going prescribing. When we inspected in December 2017 we reviewed 11 patient records, and saw that no patients under the age of 18 were prescribed medicines for weight loss. Prescribing by doctors at the service was in line with the services prescribing policy. For example, treatment breaks were recorded in the patient records and prescribing for an elderly patient was only initiated once further information had been received from the patient's GP.

Track record on safety

The registered manager showed us how three incidents had been recorded and investigated in line with the service's incident policy.

Lessons learned and improvements made

There was a system in place for reporting, recording and monitoring significant events. Staff told us the provider circulated an incident summary report every three months. These contained anonymised details of incidents reported, investigated and shared learning across the company.

The provider was aware of and complied with the requirements of the duty of candour. Duty of candour requires the service to be open and transparent with patients in relation to their care and treatment. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents and responding to relevant patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service gave all their doctors a handbook with guidance on prescribing for weight reduction. Staff told us that a new version of the handbook was due to be issued in January 2018.

During initial consultations, a doctor completed a medical and drug history, and physical examination for each patient. This included blood pressure (BP), weight, height, and blood glucose levels. Sometimes doctors also checked waist circumference, pulse, respiratory rate and for signs of swollen ankles. Information relating to gynaecological and obstetric history was recorded, in addition to information on eating habits.

We checked 12 patient records and were able to confirm that medical history, weight, height and BP were taken at initial visits. A body mass index (BMI) was calculated. However, target weights were not always recorded. Staff felt that target weights demotivated patients; however, staff told us that targets were discussed. Weight and BP readings (if previously of note) were also recorded at each subsequent visit.

Staff provided numerous examples of when patients were refused treatment. Reasons for treatment refusal included: low BMI, co-existing medical conditions (for example type 1 diabetes, depression, or uncontrolled severe hypertension).

The assessment protocol used by the service stated if a patient's BMI was above 30 kg/m² they would be considered for treatment with appetite suppressants and if they had other defined conditions then treatment could start if their BMI was above 27 kg/m². If the BMI was below the level where appetite suppressants could be prescribed, the service provided dietary advice and offered a herbal supplement for sale.

Monitoring care and treatment

Information about the outcomes of patients care was collected by way of a six monthly quality assurance audit. We saw that patient records were reviewed to identify and record weight lost since the start of treatment or since the

last treatment break. Of the 40 patients reviewed, 31 had met or exceeded the weight loss outcome measure of at least 250g per week and one was not currently receiving treatment.

Effective staffing

Doctors undertook consultations with patients, prescribed and supplied medicines. Staff records showed that they had the appropriate qualifications and additional training. Reception staff received annual performance reviews and in-house appraisals. The provider checked the doctors' revalidation and recorded their GMC appraisal. The manager explained that they had meetings with the doctors as issues arise, but there was no appraisal process in place for the doctors.

Coordinating patient care and information sharing

We saw that with the patients' consent the service contacted their GPs. Information provided related to the prescribed and supplied treatments. If patients did not consent to this information sharing, they were given a copy of the GP letter that they could share, if they chose.

Supporting patients to live healthier lives

Patients had access to a range of dietary advice to help with weight loss. Staff told us that people were referred to their GP if they were unsuitable for treatment because of high blood pressure or high blood sugar levels.

Consent to care and treatment

Patients' identities were confirmed at the initial consultation using photographic identification. Patients consented to treatment at the initial consultation and this was recorded on their record cards. The doctor we spoke with explained how they would ensure a patient had capacity to consent to treatment in accordance with the Mental Capacity Act. Patients also had to sign to confirm they would inform service staff of any change in their health or circumstances and take reasonable precautions not to become pregnant during treatment with appetite suppressants.

The service offered full, clear and detailed information about the cost of consultation and treatment including the costs of medicines.

Are services caring?

Our findings

Kindness, respect and compassion

We observed staff at the service being polite and professional. We received 14 completed comment cards from patients telling us how they felt about the service. All the feedback was positive about the staff and the service provided. The comments complimented the information and advice provided by staff and doctors, within a friendly supportive environment. This service also encouraged feedback via their own comment card processes.

Involvement in decisions about care and treatment

Staff communicated verbally and through written information to ensure that patients had enough information about their treatment. Patient feedback showed us that they felt involved in decision-making and had sufficient time in or between their consultations to make informed choices about their treatment. Patients were encouraged to set treatment goals and achievement of those goals was celebrated in the service.

Privacy and Dignity

There was a confidentiality policy and staff could explain how they would protect patients' privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The facilities and premises were appropriate for the service being provided however, the service was located on the first floor of the building accessed via a narrow staircase without a lift. Therefore, staff discussed access to the building before making appointments, suggesting locations that were more accessible or offering help where possible. Records showed that staff had received equality and diversity training. However, information and medicine labels were not available in large print to help patients with a visual impairment. An induction loop was not available for patients with hearing difficulties.

The treatments available at the service were only available on a fee basis. However, information on alternative methods of weight loss, such as diet and exercise, were available free of charge.

We asked staff how they communicated with patients whose first language was not English. The manager told us that patients brought a family member to act as a translator. However, the service also had access to a telephone translation service and could access patient information leaflets in other languages when required.

Timely access to the service

The service was open four days a week with doctors' appointments for weight management available at various times to suit patients' requirements.

Listening and learning from concerns and complaints

The service had a complaints policy and information was available to patients in the waiting room about how they could complain or raise concerns. No complaints or concerns had been received. The service undertook a patient satisfaction survey and offered comment cards to encourage patient feedback.

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 worked at the service for many years and was respected by colleagues. They had the skills and experience needed to ensure safe delivery of the weight management service.

Vision and strategy

Whilst there was not a corporate vision or set of values, the staff described the aim of the service as helping patients and supporting them to lose weight through a safe service of prescribed medicines and dietary advice. This the staff felt led to improved self-esteem, confidence and health outcomes.

Culture

The manager promoted a culture of learning and improvement through audit. All the staff we spoke to, including the doctor, felt supported, respected and valued by the provider and patients. It was clear from patient feedback that the culture centred on the individual patient's experience. Staff were very positive and proud to work in the service.

Staff had an awareness of the requirements of the duty of candour regulation. Duty of candour requires the service to be open and transparent with patients in relation to their care and treatment. Staff were encouraged to be open and honest and were able to demonstrate this.

Governance arrangements

The service had a number of policies and procedures to govern activity and these were available to the doctors and staff. Since the previous CQC inspection in 2016 all policies had been reviewed and updated. Staff understood their role within the service and interacted appropriately.

Managing risks, issues and performance

The registered manager had responsibility for the day-to-day running of the service and there were regular audits of different aspects of the service. Staff undertook audits then as a team reviewed and discussed changes to practice. The provider had undertaken a risk assessment prior to the installation of non-recording CCTV within the waiting area, with signs to inform patients of its presence. The provider was registered with the Information Governance Commissioner.

Appropriate and accurate information

Patients provided information about medical history and medicines use. The staff highlighted that they could not always validate this information, especially if the patients had not consented to sharing information with their GP.

Engagement with patients, the public, staff and external partners

Patient feedback was obtained through an annual satisfaction survey. Results of the survey were analysed each year and used to drive improvement. There was also a feedback box located in the reception area and patients were encouraged to share their views. Staff described how they could suggest changes to systems and processes.

Continuous improvement and innovation

The doctor explained how they contributed to training and shadowed other prescribers. They were developing a 'sharing forum' between all the providers' prescribers to share learning and best practice.