

Codegrange Limited

# Bayergem Ltd t/as National Slimming & Cosmetic Clinics

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 22 March 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 practice 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 NSCC Staines 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.

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

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

# Summary of findings

- Review how medical records are reviewed to ensure consistency of recording by different doctors working in the service.
- Review the transfer of information to the electronic Human Resources records system to make sure it is

kept up to date. 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.

All Staff had received the appropriate safeguarding training and a policy was in place. When we spoke with staff, they were able to describe the actions they would take in the event of a concern arising. The premises were clean and tidy. Electrical and medical equipment was maintained properly and calibrated where needed.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the service did not have a robust system in place to update the electronic Human resources records system in a timely way. The system of review of medical records was not robust as it did not ensure consistency of recording by different prescribers. The service should only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.

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### **Are services effective?**

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

The service checked patient identity at the initial consultation and recorded the patient's consent to treatment on the individual medical record card. The service provided information and support about diet to support patients.

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### **Are services caring?**

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

Patients were positive about the service that they received and told us how they appreciated the support and encouragement given to them by the staff.

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

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

The premises and facilities were suitable for the services being provided. The service was able to make provision for patients to access the service that may have difficulty with stairs. Patients were able to call or walk-in to make appointments. An appointment text reminder service was available to patients if they wished to use it.

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### **Are services well-led?**

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

The service had a range of policies and procedures which had been reviewed to support and guide staff to deliver activities safely.

Staff were aware of and could describe the requirements of Duty of Candour. Duty of Candour requires a service to be open and transparent with patients in relation to their care and treatment.

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# Bayergem Ltd t/as National Slimming & Cosmetic Clinics

## Detailed findings

### Background to this inspection

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.

The inspection took place on 22 March 2018.

The inspection was undertaken by a CQC Pharmacist Specialist and a Regional Medicines Manager.

National Slimming and Cosmetic Clinic Staines is based in a two storey building located near to the centre of the town of Staines. The service comprises of a reception/waiting area, kitchen area and two clinic rooms. Toilet facilities are available at the clinic. The service is open Tuesday 2:30 pm to 5:30 pm and Thursday, Friday and Saturday 10:00 am to 2:00 pm.

Slimming and obesity management is provided either by a walk in or appointment based system for clients aged 18-65 years of age.

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 Clinic, Staines, 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.

The service employs a 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 obtained feedback about the service from 16 Care Quality Commission comment cards. All comments made were positive about the service. Patients found staff were always welcoming and helpful, staff were always professional and the premises were always clean and tidy.

We also spoke with six patients using the service

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

We saw that there was a safeguarding policy in place and contact details were available for both the local children and adult safeguarding teams. We saw that all staff had received introductory training in adult and child safeguarding. The two members of staff asked, could tell us the action that they would take in the event of a safeguarding concern. The Registered Manager was the safeguarding lead and had undertaken an increased level of training for both adult and children's safeguarding. They were able to tell us the actions they would take if a safeguarding concern was raised with them.

The service uses an electronic Human Resources records system and when looked at on the visit some information was not present. This missing information included some training records and copies of references received. The provider was able to provide copies of the missing information within an agreed timescale. This demonstrated that the provider had a safe recruitment process in place. Disclosure and Barring Service (DBS) checks were in place for all staff and it was seen that they are renewed on a three yearly cycle in line with the service's policy. The doctors working at the service had up to date revalidation with the General Medical Council and had also shared copies of their most recent appraisals. Copies of these were stored on the electronic system.

The premises were clean and tidy and an infection prevention and control policy was in place. The cleaning schedule recorded that staff completed the cleaning as part of their duties. Staff had undertaken infection prevention and control training. A legionella risk assessment had been completed for the premises and the actions from this were being followed.

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

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

### Risks to patients

Staffing levels were sufficient to meet patients' needs. Arrangements were in place to ensure continuity of staff. Patients told us that they appreciated seeing the same reception staff each time that they visited the service.

Staff had received training in emergency procedures. Staff were able to tell us the actions they would take in the event of an emergency occurring. A fire risk assessment had been completed. Fire safety equipment was available, tested and serviced at the appropriate intervals.

The doctors working at the service had received basic life support training and this was recorded in their training records. Staff could explain the actions they would take to respond to medical emergencies. In the event of a medical emergency staff would call the emergency services.

We saw evidence that the provider had medical indemnity arrangements and public liability insurance in place to cover potential liabilities that may arise.

### Information to deliver safe care and treatment

Appointments were booked using a computerised system. We saw that access to this system was password protected and the system was secured when not in use. Patients' background medical information, clinical notes and records of medicines prescribed and supplied were recorded on individual record cards. The record cards were stored securely at the service and access to them 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

# Are services safe?

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 NSCC Staines 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 the service's medicines management policy and that medicines were stored, packaged and supplied to people safely. Medicines were ordered and received when a doctor was present on the premises. They were then packaged into appropriate containers by a second member of staff under the supervision of the doctor. We saw orders, receipts and prescribing records for the medicines supplied by the service. We saw that records were checked at the end of each session. Staff told us this was to ensure that they had all been completed correctly. A separate weekly stock check was also carried out.

Medicines prescribed by the doctor were supplied in appropriate containers with the required labelling information present.

Patients received information leaflets about their prescribed medicines including information about their licensing status as some of the medicines used are unlicensed.

We reviewed seven patient records and saw that no patients under the age of 18 had been prescribed medicines for weight loss. We found that for one person, the doctor had not prescribed in accordance with the suggested Body Mass Index (BMI) limits in the service's prescribing policy. This had not been identified by the services record check. We discussed this with doctor and he was able to explain why he had deviated from the policy and added an additional note to the patient's record to explain this.

## **Track record on safety**

The registered manager was able to show us that there had been no incidents since the previous inspection. They were able to explain how incidents would be dealt with in accordance with the service's policy.

## **Lessons learned and improvements made**

There was a system in place for reporting, recording and monitoring significant events. We saw that the provider circulated a summary of significant events every three months. This contained anonymised details of the event, the result of the investigation and the learning to come out of the review.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service gave all the doctors working at the service a handbook with guidance on prescribing for weight reduction. This handbook had been revised 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 eating habits was recorded.

We checked seven 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.

Staff told us that weight loss targets were discussed. Weight and BP readings (if previously of note) were also recorded at each subsequent visit.

The assessment protocol used by the service stated if a patient's BMI was above 30 kg/m<sup>2</sup> 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/m<sup>2</sup>. If the BMI was below the level where appetite suppressants could be prescribed, the service provided dietary advice and offered an 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 a sample of patient records was reviewed quarterly to identify and record weight lost since the start of treatment or since the last treatment break.

### Effective staffing

Doctors undertook consultations with patients, prescribed and supplied medicines. Staff records showed that they had the appropriate qualifications and experience.

Reception staff received annual performance reviews and in-house appraisals. The provider checked the doctors' revalidation and recorded their GMC appraisal within the electronic Human Resources records system. The manager explained that they had meetings with the doctors if issues were identified from routine audits. There was no appraisal process in place for the doctors.

### Coordinating patient care and information sharing

We saw that patients' consented to the service contacting 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 with their GP, if they chose to.

### 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. We saw that patients had signed to confirm they would inform service staff of any change in their health 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 16 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. Comments received talked about the supportive environment and the amount of information and advice provided by staff and doctors. This service also encouraged feedback via their own comment card processes.

We also spoke with six patients who visited the service. They told us that the receptionists were always welcoming and encouraging. They also told us they always received good service and lots of encouragement.

### **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. We saw that some patients had provided testimonies for the provider on the success of their treatment.

### **Privacy and Dignity**

There was a confidentiality policy and staff could explain how they would protect patients' privacy. We saw that all personal medical records were stored securely and computer systems were secured when not in use. The consultation room was upstairs from the reception area and it was not possible to overhear conversations. The receptionist told us that if a person wished to talk in private they could be taken to a consultation room.



# 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. The consulting room used was located on the first floor of the building accessed via a staircase without a lift. If a client was unable to use the stairs the reception staff would discuss access arrangements before making appointments. For these with clients, appointments would be made at the end of a session where the doctor was able carry out the consultation in the reception area. This could be closed to ensure privacy, dignity and confidentiality. 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.

### **Timely access to the service**

The service was open four days a week with doctors' appointments for weight reduction available at various times to suit patients' requirements. The service offered text reminders to patients to help them remember when their next appointment was arranged for.

### **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 in the last 12 months. 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 two years. Colleagues spoken to told us they valued their support. They had the skills and experience needed to ensure safe delivery of the weight reduction service. They also had the support of the previous registered manager who continued to work in the service.

### **Vision and strategy**

The registered manager and the staff described the aim of the service as helping and encouraging patients and supporting them to lose weight through a safe service comprising prescribed medicines and dietary advice. The staff felt this 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 about the outcomes for patients using the service and the support they were able to give. Staff told us that patients would come into the service to talk on days when they did not have an appointment. They also told us that they were 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. Staff understood their role within the service and interacted appropriately with patients.

### **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 when needed.

### **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 provider was developing a 'sharing forum' between all the providers' prescribers to share learning and best practice.