

M R Burrows Limited

M R Burrows Limited t/a National Slimming & Cosmetics Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 10 August 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.

M R Burrows Limited provides a private weight reduction service for adults in the Norwich area. Dietary advice, support and medicines are supplied to patients who use the service. The clinic is open on alternate Thursdays from 10.30 am to 5.30pm and on alternate Saturdays from 9am to 12pm. The service was located on the first floor of a beauty treatment salon.

M R Burrows operates as a franchise of National Slimming and Cosmetics Clinics who have 28 locations across the

Summary of findings

UK. The service in Norwich was staffed by two doctors, one female and one male and a manager who also operated as the receptionist. The manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received feedback from six patients through the collection of comments cards and speaking to patients during the inspection. All were very positive and found the service informative, helpful and the staff friendly and caring.

Our key findings were:

- Prescribing was in line with treatment protocols and comprehensive patient records were maintained securely.
- Patients were supported and they told us they found staff caring and understanding
- The premises were suitable and cleaned regularly

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available
- Ensure there is a robust system in operation for the dissemination of patient safety alerts and be able to demonstrate its effectiveness
- Have an effective documented system in place for dealing with medical emergencies

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The provider understood their obligations under duty of candour, staff were trained in safeguarding vulnerable adults and children who may accompany them. Medicines were managed appropriately and stored securely. Learning from any incidents reported nationally was taking place. The provider made the appropriate checks before staff were employed. The premises were suitable and clean.

Are services effective?

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

The service followed their prescribing protocol and comprehensive records were kept of treatments supplied to patients. Patients were strongly encouraged to share this information with their GP. Outcomes were audited and patients were given verbal and written information about any medicines provided.

Are services caring?

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

All patient comments were positive; they found the staff helpful, caring and understanding.

Are services responsive to people's needs?

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

The provider collected feedback from users of the service and made the necessary adjustments for people with disabilities or for people who had difficulty understanding written information.

Are services well-led?

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

The service conducted regular audits to monitor the quality of their service. Records were kept securely. Staff had undertaken further training and development relevant to their role.

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Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at M R Burrows Limited Norwich on 10 August 2017. The team was led by a member of the CQC medicines team and included another member from the medicines team.

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

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

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the Duty of Candour although not all staff were familiar with the phrase but the provider encouraged a culture of openness and honesty and described processes for speaking to patients if things were to go wrong.

The provider told us about three incidents that had occurred within the last 12 months, one was where a patient's medicines had been stolen along with their handbag and this was reported to the police. The second was where a patient refused to consent to the medical assessment and therefore left the service without any medicines being supplied. The third was regarding the recall of a medicine and the provider had responded by ensuring the service had up to date contact details for each patient confirmed at each appointment. The service was also made aware of incidents that had occurred in other national slimming and cosmetic clinic (NSCC) locations and the learning was shared across the organisation.

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

We were told that patient safety alerts were received by head office and cascaded to staff by email if relevant. We did not see any evidence of the dissemination of this information and the provider should ensure that there is a robust system in place and be able to demonstrate its effectiveness.

Reliable safety systems and processes (including safeguarding)

Records indicated that all staff had completed both adult and children's safeguarding training. Although the service only treated adults, quite often patients were accompanied by their children to appointments. The manager had level 3 training, knew how to access the local safeguarding contact and additional support was available from the lead for NSCC at head office if required.

Medical emergencies

The risk of a medical emergency was low in this service and the provider had risk assessed and decided not to hold any emergency medicines on site. We were told about one

example where a patient had required emergency treatment and this was handled appropriately by calling the emergency services. There was no written procedure in place. Doctors were trained in basic life support. There was a first aid kit and an accident book.

Staffing

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

Both doctors were registered with the General Medical Council (GMC), were up to date with revalidation and had a recent appraisal with a Responsible Officer which included their work at the slimming clinic.

Patients could request a chaperone if they so wished and a notice in the consultation room offered this service along with written information in the patient guide which was given to all new patients. Staff told us that they had never been requested to provide this service and at the time of inspection had not received training. Two working days after our inspection we saw evidence that the member of staff who would provide the service had completed a chaperoning course.

Monitoring health & safety and responding to risks

The provider had group professional indemnity insurance for both the doctors working within the service.

Infection control

The premises where the clinic was held was on the first floor of a beauty salon. The premises were clean and tidy and patients commented that the environment was safe and clean. Handwashing facilities were available in the consulting room; gloves and alcohol gel were available for the doctors to use while conducting blood glucose tests. Disposal of these items was in the appropriate sharps bin. The clinic had a contract with a waste disposal firm for collection of this clinical waste..

Daily and weekly cleaning was carried out to a schedule and records were maintained.

Premises and equipment

Are services safe?

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

Testing of electrical equipment had been carried out.

The digital scales and blood pressure machine were replaced annually and the blood glucose meter was calibrated using control solutions by the doctor.

Safe and effective use of medicines

The doctors at this service prescribe 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 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 M R Burrows we found that patients were treated with unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy.

The British National Formulary states that Diethylpropion and Phentermine are centrally acting stimulants that are not recommended for the treatment of obesity. The use of these medicines are also not currently recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians. This means that there is not enough clinical evidence to advise using these treatments to aid weight reduction.’

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

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

The policy contained the contact details for the local Controlled Drugs Accountable Officer.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The service only treated adults aged 18 and over and we saw patient's records included proof of identity such as a driving licence.

The service had a treatment protocol in place covering the assessment and treatment of patients. We checked 10 records and in all but one the treatment protocol was followed. In one case which we discussed with the doctor, they had used their professional judgement to tailor the treatment appropriately and the patient was being very closely monitored. Records reflected this. Record cards included medical history, blood pressure and body mass index. Blood glucose was measured on the initial appointment. We saw evidence of patients being referred back to their GP when appropriate. Patients were provided with comprehensive information with regards to the medicines prescribed and for those who could not understand written information the clinic staff would go through everything verbally.

There were appropriate breaks in the treatment courses.

The doctor had completed clinical audits to see if the treatments were successful. Nine of the eleven people audited had met their outcomes. The doctor also conducted an audit to see if the frequency of appointments had any bearing on the outcomes and found that people were more successful with a shorter interval between appointments. The doctor now encouraged more frequent visits at no extra cost to the patient.

Staff training and experience

The doctors were registered with the GMC and records indicated that both had undergone further training relevant to their practice. This included training in diabetes, safer use of insulin, chronic heart disease and lipid management and medication adherence. One doctor we spoke with was a member of a relevant organisation - specialist certification of obesity professional education (SCOPE).

Working with other services

The doctor told us that they strongly advised patients to inform their own GP about their treatment at the service. If patients consented to the information being shared, then the clinic sent information directly to the GP. We saw examples where information had been communicated to the GP in line with GMC guidance and records were kept of the correspondence.

Consent to care and treatment

Patients consent was documented on their record card.

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

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

Are services caring?

Our findings

Respect, dignity, compassion & empathy

All comments received either through comment cards or in speaking to patients were positive. We spoke with one patient and received five comment cards. All said that they were treated with dignity and respect and felt supported. Consultations were conducted in a private room.

Involvement in decisions about care and treatment

Patients received information about diet, were given a diet diary and patient information leaflets were supplied for the medicines they received. They found the doctor easy to engage with and staff helpful, caring and understanding.

Costs were clearly written in the patient guide and displayed on the wall in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients told us their needs were met by the treatment received at the clinic. The waiting area was comfortable and the manager who acted as the receptionist was available to talk through any concerns.

The provider carried out a patient survey and there was information in the patient guide about how to raise any comments, suggestions or complaints.

Tackling inequity and promoting equality

The clinic was on the first floor with stair access only. This was explained to patients when they booked their appointment. For patients who could not access the first floor, the service offered a consultation at the end of the clinic session on the floor below in the beauty part of the premises. Where the service was unable to provide services to patients with a disability they sought to give details of an alternative provider.

For patients whose first language was not English, family members were used as interpreters. Information leaflets were available online in Polish, Punjab and Welsh. These could be printed off as necessary to give to patients.

Occasionally patients using the service had difficulty reading and writing. They were given help by the manager to complete their forms and everything was explained to them verbally including information about any medicines supplied.

Access to the service

The clinic was open alternate Thursdays 10.30am to 5.30pm and alternate Saturdays 9am – 12pm.

When the clinic was closed patients could access the head office for NSCC for advice.

Concerns & complaints

There had been no complaints in the last year. There was a complaints policy and patients were aware of who to speak to if necessary. The patient guide also explained how to make a complaint.

Are services well-led?

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

Our findings

Governance arrangements

The manager was based at the clinic and felt well supported by head office. The provider checked that the doctors had completed their appraisals conducted by their Responsible Officer. There was evidence that staff had accessed further training and development relevant to their role.

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

Audits were carried out to monitor the quality of the service for example audit of clinical records, audits of medicines management and infection control audit. There was evidence that an issue identified in the clinical records audit had been discussed with the relevant staff member.

There was a process in place to report incidents and it was clear to patients how they could make a complaint if they wished to do so.

There was a current policy in place from head office governing the arrangements within all National Slimming

and Cosmetic Clinics. The provider should ensure that there is a documented and effective system in place for both dealing with patient safety alerts and medical emergencies.

Leadership, openness and transparency

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

Learning and improvement

We saw that there was collective learning from incidents across all national NSCC locations. There was quarterly senior management review and learning was shared with staff.

The doctor we spoke to actively sought colleagues opinions at other clinics to discuss clinical decision making in difficult circumstances.

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

The service conducted an annual assessment of the views of its patients in order to inform and improve their service. Patients could also fill out comments cards. The only negative feedback received involved the frequency of clinics which the service was unable to change at present.