

# The Slimming Clinic

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection July 2017 -not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Slimming Clinic, Sunderland to rate the service as part of our inspection programme.

The Slimming Clinic, Sunderland is a private clinic which provides weight loss services for adults, including prescribing medicines and dietary advice to support weight reduction.

The clinic 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.

Seven people provided feedback about the service via comment cards and we spoke to three people on the day of inspection. All the feedback was positive. Patients told us that staff were professional and caring. Patients felt supported and respected.

## Our key findings were:

- Patients felt supported and said that staff were professional.
- There provider had good oversight and governance in place.
- The clinic was in a good state of repair, clean and tidy.

The areas where the provider **should** make improvements are:

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Where medicines are supplied outside of prescribing guidelines a clinical reason should be noted.

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Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC Pharmacist Specialist. The team also included a member of the CQC medicines team.

## Background to The Slimming Clinic

The Slimming Clinic, Sunderland is a private clinic which provides medical treatment for weight loss. It is part of Slim Holdings Ltd who have more than 20 other locations across the country.

- The clinic comprises of a reception/ waiting area and one consulting room situated on the first floor of a shared building located in the centre of Sunderland. The clinic does not currently offer step free access for patients.
- The clinic is open for appointments on Tuesday from 9:30am to 1:30pm, Wednesday 9:30am to 1:30pm, and Saturday from 8:45am until 1:30pm.

### How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection report and

information from the provider. We spoke to the manager. We also spoke to the provider's clinical compliance manager and one doctor. We also reviewed a range of documents. We received seven 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?

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. They had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction training.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed by the service. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Both of the clinic doctors had level 3 training. They knew how to identify and report concerns. Currently the service did not offer a chaperoning service. We were told that the provider was due to complete chaperone training with staff and the service would then be offered to clients.
- There was an effective system to manage infection prevention and control. A Legionella risk assessment had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Where patients were supplied with an injection they were also given a disposal bin for used needles.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff were trained in basic life support and knew the location of the nearest defibrillator.
- There was a first aid kit kept on site. There were no other items for emergency use and there was a risk assessment in place to support this decision.
- There were appropriate indemnity arrangements in place to cover activities at the clinic.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- New record cards allow for a comprehensive history to be documented and staff were currently reviewing patients and transferring information to the new record cards.
- Records were stored safely and securely.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had systems in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians declined treatment in line with protocols and evidenced based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, controlled drugs, and equipment minimised risks.

## Are services safe?

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Results of these audits were shared with relevant staff and action plans were in place and reviewed.
- The service did prescribe Schedule 3 controlled drugs (medicines that have the additional levels of control due to their risk of misuse and dependence) and had appropriate storage and records. However, on the day of the inspection we found some medicines stored in an unlabelled container, these were dealt with appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients.
- Some of the medicines this service prescribes for weight loss are unlicensed. 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. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

### Track record on safety and incidents

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. For example, the fridge was being appropriately monitored at this location, with documentation of minimum and maximum temperature. Staff were retrained in the audit process to ensure that audits were done accurately, and any discrepancies were investigated in a timely manner. We were shown the online system where errors and complaints were recorded and saw evidence of investigations and actions. Learning was shared locally and also across the provider's other locations during a weekly manager call.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, height, weight and body mass index and physical and mental wellbeing. However, we saw one patient that had medicines prescribed when their blood pressure was recorded outside the providers policy with no clinical reason documented. After the inspection the provider sent us information to show that this had been reviewed and discussed with the doctor.
- Arrangements were in place to deal with repeat patients. The policy ensured that people were reviewed at appropriate time intervals.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, the service reviewed a selection of client records to determine weight loss. At the last audit of ten patients three patients had not lost weight. One patient was currently not attending the clinic. The other two patients were offered extended appointment times to enable a full review.
- The service made improvements through the use of completed audits. However, when the quality assurance review was repeated, a different patient sample was used and therefore it was not a completed audit.

## Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. All records were held on a corporate human resource system.

- Relevant medical professionals were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, where consent was given, staff communicated with the patients GP by letter.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- There were clear and effective arrangements for following up on a treatment plan. For example, those prescribed an injection for weight loss were reviewed on a weekly basis.

## Supporting patients to live healthier lives

**Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave patients advice, so they could self-care. We saw that patients were given lifestyle advice and there was a variety of leaflets available for additional support on diet, exercise and healthy living.
- Risk factors were identified and highlighted to patients. For example, the side effects of the prescribed medicine were explained, and patients were given an information leaflet.

## Consent to care and treatment

## Are services effective?

### **The service obtained consent to care and treatment in line with legislation and guidance .**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients.
- Feedback from patients was positive about the way staff treat people. Patient satisfaction surveys were carried out every three months. A recent survey showed that all of the people that completed the survey were happy with the care provided and that they got sufficient information about their treatment. Seven people provided feedback about the service via comment cards. All the feedback was positive. Patients said that they were treated with respect and that staff listened, that the service was clean and comfortable, and that staff were friendly and welcoming.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## Involvement in decisions about care and treatment

### Staff helped patients to be involved in decisions about care and treatment.

- The provider had recently introduced access to an interpretation services for patients who did not have English as a first language. In addition, a patient information leaflet was available in Polish, Welsh, Urdu and Punjabi.
- We received seven comment cards and spoke to three patients. All were positive about the service. One patient told us that staff worked with you to motivate you and gave positive support.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of patient's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All consultations took place in a private room away from the reception and waiting area and could not be overheard.

# Are services responsive to people's needs?

## Responding to and meeting people's needs

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, the clinic was now open on Saturday morning as a result of patient feedback.
- The facilities and premises were appropriate for the services delivered.

## Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment and treatment.
- The clinic provided an appointment and walk in service. However, most clients booked an appointment before attending. The clinic had increased the appointment length so that staff had longer with clients, an initial appointment was now 40 minutes and a follow up appointment was 10 minutes. (Previously, appointments lasted 20 minutes and five minutes respectively.)

## Listening and learning from concerns and complaints

**The service took complaints and concerns seriously and responded/ to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- Staff were able to describe how they would deal with complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Some clients had complained about not being able to get a weekly supply of weight loss tablets. Clients were only able to purchase a month's supply at a time. The provider told us that this was an attempt to improve compliance and patients were signposted to other services.

# Are services well-led?

## Leadership capacity and capability;

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider was able to demonstrate that governance meetings were held for all the registered managers and doctors that worked for the organisation. We saw that incidents and complaints were discussed at these meetings. We also saw that weekly meetings were held for doctors to discuss clinical issues that arose. These were recorded so that they could be accessed by doctors that were not available at the time.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff. There were regular meetings before each clinic started. Staff used these meetings for various issues for example, specific clients' needs, emails requiring action and company targets.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

### The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency would be demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff had identified processes that could be improved, and these had been reviewed and changes made.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

# Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- There was evidence that the provider was reviewing services to improve quality. For example new record cards allowed for a comprehensive history to be documented.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent and collaborated with other slimming clinics from the same provider to ensure a high-quality service was provided.

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.

Staff were encouraged to come up with new ideas