

# Codegrange Limited

# National Slimming & Cosmetic Clinics

## Inspection report

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### Overall summary

We carried out an announced follow up inspection on 03 December 2018 to ask the service the following key questions; Are services safe and effective?

#### **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.

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 23 March 2018 and asked the provider to make improvements regarding how they provided safe care and treatment. We checked these areas as part of this follow up inspection and found they had been resolved.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice

or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of weight reduction. At National Slimming and Cosmetic Clinics (Bristol) 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 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.

Our key findings were:

- Information used for employment, including identification checks were in place.
- All information accurately described the treatments prescribed, including information provided verbally.
- The provider had reviewed the ordering process for controlled drugs and was now using the national template form.

# Summary of findings

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.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# National Slimming & Cosmetic Clinics

## Detailed findings

### Background to this inspection

National Slimming and Cosmetic Clinics Bristol is an independent provider of weight management services, including prescribed medicines, dietary and lifestyle advice. The clinic is in Bristol city centre on the ground and first floor. There is toilet access within the clinic. The clinic is open seven days each week.

We carried out this inspection on 03 December 2018. Our inspection team was comprised of two members of the CQC medicines optimisation team. We reviewed information relevant to this service before the inspection, including information obtained directly from the provider. We also interviewed clinical and non-clinical staff and reviewed records held at 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?

The safe and effective questions formed the framework for the areas we looked at during this follow up inspection.

# Are services safe?

## Our findings

### Safety systems and processes

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

- At the last inspection we found that the provider carried out staff checks at the time of recruitment and on an ongoing basis but that these were not always recorded on the provider's electronic records system. At this inspection we found that the pre-employment and ongoing checks for staff had now been carried out and were recorded on the provider's electronic records system.

### Safe and appropriate use of medicines

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

- At the last inspection we found that the service was not using the mandatory requisition form when ordering schedule 3 controlled drugs. At this inspection we saw that this mandatory requisition form was now in use.

- At the last inspection the doctor was providing verbal information to patients that was incorrect and not in line with the written information supplied. At this inspection the doctor confirmed that the verbal information given is the same as the written information supplied. We saw a notice had been produced and was displayed on the doctor's desk to clarify this.
- 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'.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

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

- At the last inspection the provider did not have a record of regular appraisals for the doctor. At this inspection

the provider could show that the doctor was receiving regular appraisals and had a date for their revalidation. We saw that relevant professionals (medical) were registered with the General Medical Council (GMC).

- At the previous inspection the provider did not have evidence of up to date basic life support training for the doctor working at the service. At this inspection we saw that this was now recorded in the provider's electronic records system.