

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 9 November 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 Basildon as part of our inspection programme.

The Slimming Clinic Basildon provides private weight loss services to adults, including the supply of prescribed medicines under the supervision of a doctor.

On the day of the inspection there was no registered manager however the clinic manager had applied to be the registered manager and was part way through the process. 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.

25 people provided feedback about the service through comment cards and speaking with us. People told us that staff were encouraging, non-judgemental and informative and took the time to consider people's individual needs.

Our key findings were :

- There was a focus on supporting patients in effective weight loss. Staff reviewed progress towards weight loss targets and made changes to treatment plans when needed.
- Staff were welcoming and worked together to support patients
- Patients gave consistently positive feedback about the service
- Premises and equipment were clean and in a good state of repair. They were checked and maintained regularly

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

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a member of the CQC medicines team and included another member of the medicines team.

Background to The Slimming Clinic

The Slimming Clinic, Basildon is one of a national chain of clinics run by Slim Holdings Ltd. It provides private weight loss services to adults aged 18 and over including prescribed medicines, dietary and lifestyle advice. The clinic is situated in Basildon town centre and is open on Tuesdays, Thursdays, Fridays and Saturdays.

How we inspected this service

Prior to the inspection we reviewed information about the service, including the previous inspection report and information given to us by the provider. We spoke to staff and people who used the service and reviewed a range 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?

We rated safe as Good

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control including a legionella risk assessment and regular checks.
- 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.
- The provider carried out appropriate environmental risk assessments, including fire 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. Where possible doctors from other clinics covered for absence, but when locums were needed they undertook the provider's induction process.
- The service had carried out an assessment on the management of medical emergencies. As a service where the risk of medical emergency is low they did not stock emergency medicines or equipment. The doctor was trained in basic life support and staff were aware of the location of the nearest public access defibrillator.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place including professional indemnity, public liability and employer indemnity policies.

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 included prompts to ensure that information needed to deliver safe care and treatment was recorded consistently.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

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 minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed and supplied Schedule 3 controlled drugs (medicines that have a higher level of control due to their risk of misuse and dependence) which were held under the supervision of the doctor. Processes were in place for checking medicines and staff kept accurate records.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- 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 and told us that 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 took action to improve safety in the service, for example security arrangements had been strengthened following a break-in.
- 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.
- There was a process for giving people reasonable support, truthful information and a verbal and written apology following unexpected or unintended safety incidents. These were recorded and reviewed by the medical director. There had been no recent examples.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Alerts were received at the provider's head office and any changes to policies and procedures were disseminated to all members of the team.

Are services effective?

We rated effective as Good

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis, including a medical history provided by the patient. The doctor told that in some cases, for example people aged over 65, they would request a medical history from the patient's GP before prescribing.
- We looked at sixteen records which showed that medicines were prescribed to patients with a minimum body mass index (BMI) which was in line with local policy and national guidance. We saw examples where patients with a lower BMI or other contraindications were not treated. A range of medicines including herbal medicines was available and the choice was based on the patient's medical history and their needs and preferences.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients joined a programme which included prescribed medicines where appropriate, and saw the doctor for a consultation before each supply.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. A sample of records was reviewed every three months and there was clear evidence of action to resolve concerns and improve quality.
- The review included a check on progress towards target weight loss. The most recent review of ten records showed that seven patients were part way through their course and were all successfully progressing towards their target weight. Records showed that the doctor would adjust the dose or try a different medicine where the target was not being achieved.

- The review also included an audit of record card completion, and there was evidence that action was taken to discuss omissions with staff.
- Three monthly audits were carried out by the provider's compliance officer and fed back to the clinic. Records showed that the results were discussed at staff meetings.

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.
- Relevant 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, for example the manager had taken a course in neurolinguistic programming to support the clinic's wider approach to weight loss.

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 other services when appropriate. For example the doctor decided that it would be inappropriate to treat one patient due to their current mental and physical health. They wrote directly to the GP with the patient's consent, including notes from the consultation, and requested a review.
- Before providing treatment, doctors at the service ensured they had knowledge of the patient's health and their medicines history, as provided by the patient. Blood pressure was measured at each visit.
- Every patient was given a letter detailing their prescribed treatment and encouraged to share it with their GP. Consent to share information was recorded at the first visit and reviewed on each occasion they used the service.

Supporting patients to live healthier lives

Are services effective?

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

- The weight loss programme included support with diet and exercise and patients were encouraged to make longer term lifestyle changes in addition to taking the prescribed medicines.
- Patients were given a diet diary and had access to an app which provided weight loss tools such as a virtual dietician.
- Patients were only prescribed medicines as part of an overall programme of behavioural change.

Consent to care and treatment

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.
- Consent to treatment, including treatment with unlicensed medicines, was recorded and patients were given written information.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care and regularly received high scores on the effectiveness of the programme.
- People told us that staff were welcoming, kind and supportive.
- Staff understood patients' personal, cultural, social and religious needs. People told us that staff were non-judgemental.
- 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.

- Telephone interpretation services were available for patients who did not have English as a first language and we saw leaflets in reception informing patients this service was available. Patient leaflets were available in a range of languages.
- 25 people provided feedback on the service. They told us through comment cards that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw that new patients spent time with a member of staff going through information about the service and had a longer first appointment with the doctor.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations took place in a separate room.

Are services responsive to people's needs?

We rated responsive as Good

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 were reviewing the text appointment reminder service based on feedback. However one person told us through a comment card that they found the change from weekly to monthly payments difficult.
- The facilities and premises were appropriate for the services delivered and people told us through comment cards that they were clean and welcoming.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There was a wheelchair accessible lift, and staff had access to an app to communicate with people who used sign language.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately. People told us that

appointments ran to time but they did not feel rushed. In the event that appointments had to be cancelled, for example if no doctor was available, patients would be contacted.

- Appointments could be made directly with the clinic or with the provider's call centre.

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 treated patients who made complaints compassionately. The medical director had reviewed a complaint from someone who had not been refunded when they experienced side effects from the prescribed medicines. They explained that the payment was for the overall programme and the patient was still able to participate in the behavioural changes.
- 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 and complaints and the provider told us they were reviewing the way in which learning was shared across the whole organisation.

Are services well-led?

We rated well-led as Good

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. Staff told us that they felt supported by leaders from the provider's head office.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The prospective registered manager was supported in their role through contact with colleagues at weekly clinic manager meetings and by senior managers.

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 who were aware of plans for service development.
- 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 told us they were proud to work for the service.
- The service focused on the needs of patients and the effectiveness of the weight loss programme.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Complaints were recorded on a central

system and reviewed by the relevant department at the provider's head office. 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received 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 and the medical director held a weekly teleconference for doctors which was recorded for those not able to attend.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff at the clinic, who worked well together and supported each other. Staff held a daily huddle to review the activities for the day and ensure that all tasks were covered.

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. These included local as well as organisation-wide processes.
- Staff were clear on local roles and accountabilities and what was covered by staff at head office.
- Leaders had established proper policies, procedures and activities to ensure safety and conducted regular checks to assure 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be

Are services well-led?

demonstrated through audit of their consultations and prescribing. Safety alerts, incidents, and complaints were reviewed by the relevant staff at the provider's head office, including the medical director, and there were processes for communicating the outcome to the clinic.

- 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, collected through regular patient surveys.
- Quality and sustainability were discussed in relevant meetings which were recorded to ensure that the information was available to all staff.
- The service used performance information which was reported and monitored and management and staff were held to account. The provider arranged for poorly performing clinics to access support from colleagues in other clinics.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses, for example a training programme was planned to ensure that concerns and suggestions were handled consistently.
- The service submitted data or notifications to external organisations as required.

- 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 and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff 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, collaborative and open with stakeholders about performance.

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 and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example the provider had introduced pre-packed medicines rather than buying tablets in bulk for packing in-house. This reduced the risk of error and ensured that labelling and patient information leaflets were up to date.