

# Codegrange Limited National Slimming Centres (Portsmouth)

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 19 January 2016 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 not providing safe care in accordance with the relevant regulations

#### **Are services effective?**

We found that this service was not 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**

National Slimming Centres (Portsmouth) provides weight loss treatment and services, including medication and dietary advice, to people in Portsmouth accessing the service. The clinic is based on the first floor of a shared building in a city centre location. The clinic is open for half a day on Monday, Tuesday, Wednesday and Friday, and one Saturday in every four between 10.00 and 13.00.

The clinic is run by a doctor, who is supported by a receptionist and clinic manager. The clinic manager is also 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.

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 Centres (Portsmouth) the aesthetic cosmetic treatments

# Summary of findings

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.

We obtained feedback about the clinic from 21 completed Care Quality Commission comment cards. The observations made on the comment cards were all positive and reflected that patients found staff to be helpful, respectful and caring. The patients that we spoke to on the day of the inspection were also very satisfied with the service.

## **Our key findings were:**

- Overall, this service was well-led, and found to have good governance arrangements and quality assurance processes in place
- Feedback from patients was consistently positive about the care they received
- However, the provider did not have clearly defined and embedded systems, procedures and processes to keep people protected and safeguarded from abuse
- The provider was also not always supplying medicines in a manner that was in accordance with recognised practice or its own policies
- Staff at the clinic had not received training in key areas such as basic life support and chaperoning

We identified regulations that were not being met and the provider must:

- Ensure that robust systems and processes are in place to prevent abuse of service users

- Ensure that medicines are supplied in accordance with the service's own policies
- Ensure staff have the competence and skills to provide care or treatment safely, including training in basic life support

You can see full details of the regulations not being met at the end of this report.

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

- Risk assess the role of staff members as chaperones, and review whether satisfactory training is being provided for this role
- Ensure a robust system is in place for regular and appropriate inspection, calibration, maintenance and replacement of equipment
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available
- Review their ordering systems for controlled drugs in line with recent changes in legislation
- Assess how they will make their services accessible. They should review the interpretation services offered to clients who speak another language, and the reasonable adjustments made for disabled patients to ensure they are not disadvantaged compared with non-disabled people
- Review their policies and procedures to ensure they are up-to-date, reflect current practice and legislation, and encourage continuous improvement

# 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

There were procedures in place for monitoring and managing risks to patient and staff safety, and the clinic had a variety of other risk assessments in place to monitor safety at the premises. We also saw an infection control policy and training in place at the clinic, and suitable systems for the management of waste and safe disposal of sharps. However, the provider did not have robust arrangements in place to keep people protected and safeguarded from abuse.

### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We saw that patients were assessed before treatment at the clinic, and were provided with information about their treatment. However, the provider was also not always supplying medicines in a manner that was in accordance with its own policies.

We saw that the clinic had an induction programme for newly appointed staff and a formal system of appraisals in place for clinic staff. However, staff at this service had not received up-to-date training in key areas such as basic life support and chaperoning.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations. We observed members of staff at the clinic being polite and professional, and we saw a range of information available to customers in the clinic.

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

We found that this service was providing responsive care in accordance with the relevant regulations. Appointments were available at varied times on both weekdays and weekends, and we saw effective systems in place to ensure that medicines and materials were kept in stock, to avoid delays in assessment and treatment. However, services were not always accessible for example to people with disabilities.

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

We found that this service was providing well-led care in accordance with the relevant regulations. The service encouraged and valued feedback from customers, and there was a robust programme of internal audits to monitor quality and systems, including clinical records, medicine management, environment and cleanliness. However, the policies and procedures in place to govern activity at the clinic had not been recently reviewed.

# National Slimming Centres (Portsmouth)

## 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.

We carried out an announced comprehensive inspection at National Slimming Centres (Portsmouth) on 19 January 2016. The inspection was led by a CQC Pharmacist Specialist accompanied by a Regional Medicines Manager.

Before visiting, we looked at a range of information that we hold about the clinic. We reviewed the last inspection report from 27 February 2013, any notifications received, and the information provided from the pre-inspection information request.

The methods that were used during our visit included talking to people using the service, interviewing staff, observations and 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

There was a system in place for reporting and recording significant events. Staff were able to tell us what they would do in the event of an incident, and we saw that an incident reporting and record form was available. We were told there had been no incidents in the previous 12 months. However, the incident reporting policy at the clinic referred only to recording notifiable incidents, reducing the opportunity for learning and improvement from errors, incidents and near misses not requiring statutory notification to the regulatory body.

During our inspection, however, we observed an incident involving medicines. This was appropriately investigated, and the patient informed and apologised to. We were told that this would now be recorded as an incident and reviewed to consider how it could be prevented from recurring.

We were told that relevant safety alerts were received by email and actioned as necessary each day by the registered manager.

### Reliable safety systems and processes (including safeguarding)

The clinic did not have clearly defined and embedded systems, procedures and processes to keep people protected and safeguarded from abuse. Although some staff we spoke to on the day were able to tell us about their responsibilities to report abuse, there was no evidence of adult or children safeguarding training for any of the clinic's staff members, nor accessible information on a documented reporting system aligned to the local authority. There was also no evidence of Mental Capacity Act (2005) training. The provider believed that these were unnecessary for their service provision.

Booking appointments at the clinic used a computerised system, which was backed up externally. However, patients' medical information and medicines supplies were recorded manually. These records were stored securely at the clinic, and were only accessible to staff, which protects patient confidentiality.

The provider had systems in place to meet the requirements of the Duty of Candour regulation.

### Medical emergencies

Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date and fit for use. We were told that there is always a doctor on site in the event of a medical emergency, and we saw that a mask was available to safely provide cardiopulmonary resuscitation if needed. However, there was no record of staff receiving basic life support training, and the doctor we spoke to on the day of inspection reported that their update training was overdue.

### Staffing

There was adequate staffing to meet the demands of the service.

We reviewed three personnel files, and found that recruitment checks had been undertaken prior to employment, including registration with the appropriate professional body and checks as appropriate through the Disclosure and Barring Service (DBS). (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). Doctors working at the clinic were registered with the General Medical Council, and we saw that the clinic had professional indemnity insurance in place.

Information on chaperoning was included in the Patient Guide, which was available to patients in the waiting room. Staff told us that customers usually bring their own chaperones, but that the receptionist or clinic manager would act as a chaperone if required. However, those staff members had not undertaken training to support this role.

### Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety, and we saw records of health and safety awareness training for staff.

We saw evidence that electrical equipment was checked to ensure it was safe to use, and fire safety equipment was regularly serviced. The clinic also had a variety of other risk assessments in place to monitor safety at the premises, including for substances covered by the control of substances hazardous to health (COSHH) regulations.

### Infection control

We saw an infection control policy in place at the clinic. We were told that staff received infection control training

# Are services safe?

during induction; however, there was no evidence of any update training. We saw evidence that infection control audits had been completed regularly during the last 12 months, and any identified concerns had been addressed.

There were hand washing facilities available adjacent to the patient toilets, and alcohol gel was available for hand hygiene in the treatment room.

We saw policies in place for the management of waste and safe disposal of sharps. The clinic held an on-going contract with a clinical waste contractor, and we saw that waste was appropriately segregated and stored.

## Premises and equipment

The clinic was located on the first floor of a shared building, and consisted of a small reception and patient waiting area, and one private consultation room. The clinic also had a toilet available for patients.

We observed the premises to be clean, tidy and in a good state of repair. Rooms were uncluttered and well-lit. We were told that cleaning was completed daily by the clinic staff, and we observed cleaning regimes in place and monitored. Appropriate clinical equipment was available, which appeared clean and in good working order. However, there was no process in place for calibrating this equipment and ensuring it was working properly.

## Safe and effective use of medicines

The doctor told us, and records showed us, that the appetite suppressants Diethylpropion and Phentermine were prescribed to persons at the clinic.

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 National Slimming Centres (Portsmouth) 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 medicines were stored, packaged and supplied to people at National Slimming Centres (Portsmouth). We saw medicines were stored securely. Medicines were kept safely in the possession of the prescribing doctor. Medicines were ordered and received when there was a doctor on the premises. They were packaged into appropriate containers by a second member of staff under the supervision of the doctor. We saw the orders and receipts for medicines supplied to the clinic. However, we did not see use of the mandatory requisition form for requesting stock of Schedule 3 Controlled Drugs, in line with recent changes in legislation.

When medicines were prescribed by the doctor they were supplied in appropriate labelled containers which included the name of the medicine, instructions for use, the person's name and date of dispensing. A record of the supply was made in the person's records.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Prior to the consultation each person had to complete a medical history form where people had to identify if they had other illnesses or were taking any other prescribed medicines. During the initial consultation, the following information was collected from each person; blood glucose reading, weight, height, and answers to questions around their eating habits. The doctor also checked for contraindications to treatment such as uncontrolled diabetes and uncontrolled high blood pressure.

We checked nine people's records and saw that they had health checks on their first visit and information was recorded about relevant concerns. People's medical history, weight and blood pressure were taken at their initial visit. Their body mass index (BMI) was calculated and target weights agreed and recorded.

The assessment protocol used by the clinic stated if a person's BMI was above 30 they would be considered for treatment with appetite suppressants and if they had comorbidities then treatment could start if their BMI was above 27. If their BMI was below the level where appetite suppressants could be prescribed, the clinic provided dietary advice and also offered a herbal supplement for sale.

We saw evidence that people were referred to their own GP for care if there was a clinical reason to do this.

We observed a person who had come for the initial consultation at the clinic. We saw weight, blood pressure and blood glucose being checked. The doctor asked them for their height, although there was equipment for measuring height available.

The doctor explained that the medicines used at the clinic were appetite suppressants, and explained how they should be used and what the side effects could be. The doctor also explained that a medicine may be supplied that does not have a manufacturer's product licence, but instead was made under a 'specials' licence and what this meant. The doctor also advised the person to avoid alcohol on the days when taking the medicine. A booklet regarding healthy food and menu choices was provided to the person. The doctor advised the person to exercise regularly.

The person was sold phentermine tablets and given an accompanying patient information leaflet. The person did not want their own GP to know that they had visited the clinic.

We spoke to two people who had come for follow up consultations. They both told us that they had been given information about the treatments available and the medicines they were taking.

We saw evidence that some people had been attending the clinic for more than two years. The medical records showed that the medicines from the clinic were being supplied to people for more than 13 weeks without a treatment break. The doctor's manual stated that, at the doctor's discretion as long as the person was losing weight, medicines could be prescribed for more than 13 weeks without a treatment break and in these circumstances the reason why there was not treatment break had to be recorded in the person's record. We saw one example where medicines had been supplied for 18 months without a treatment break, in that time they had lost less than one pound in weight overall. In a second example the person had their first treatment break after 12 months and a second treatment break was planned 12 months later. In both examples the reasons for continued prescribing had not been recorded in the person's records.

### Staff training and experience

The clinic had an induction programme for newly appointed staff that covered topics such as confidentiality and fire procedures.

We saw evidence of a formal system of appraisals in place for clinic staff. The clinic provided a folder of relevant, up to date learning materials and information for medical staff, and we saw documented continuing professional development in two of the personnel files we looked at. Proof of revalidation was seen within personnel files for doctors working at the clinic, who were connected with external designated bodies including the Independent Doctors Federation.

### Working with other services

People were asked before treatment commenced if they would like their GP informed. We were told that every new patient is issued with a letter for their GP detailing the medicines and treatment given. This is only sent to the GP

# Are services effective?

(for example, treatment is effective)

if the patient consents; otherwise, it is given to the patient for their own future use. We spoke with two patients who told us they had been asked whether they wanted their GP to be informed, and had been given a choice.

Records showed people were referred to their GP if they were unsuitable for treatment for example due to high blood pressure or high blood sugar levels.

## **Consent to care and treatment**

Staff sought patients' consent before treatment was commenced, which was clearly documented and kept in

patient records. The persons declaration included the information that the appetite suppressants phentermine and diethylpropion were produced under a 'specials' licence, and we saw evidence that the process for seeking consent was monitored through regular records audits.

The provider offered full, clear and detailed information about the cost of consultations and treatments, including the costs of medicines.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed members of staff at the clinic being polite and professional. Staff we spoke with were aware of the importance of protecting patient confidentiality.

Patients completed CQC comment cards to tell us what they thought about the clinic. All of the comments were positive about the clinic and reflected satisfaction with the service. Patients said they found staff to be helpful, caring and respectful. We spoke with two patients on the day of inspection, who also told us they were satisfied with the service provided by the clinic .

### **Involvement in decisions about care and treatment**

We saw a range of information available to people in the clinic.

Patients we spoke to during our visit told us that they felt involved in decision making about the care and treatment they received, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the provider was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of patients were understood, for example the clinic had recently increased its opening hours in response to patient feedback. We also saw effective systems in place to ensure that medicines and materials were kept in stock, to avoid delays in assessment and treatment.

The facilities at the clinic were comfortable and welcoming for patients, with a manned reception area and water available for patients. The consultation room was well designed and well equipped.

### Tackling inequity and promoting equality

The treatments offered from this clinic were only available on a fee basis and were only accessible to people on this basis. However, information on alternative methods of weight loss, such as diet and exercise, was available free of charge.

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us that they very rarely had patients with different communication needs, and these patients usually brought their own friends or family as translators.

The service was located on the first floor, and was accessed via a flight of stairs only. There was no lift access; however, where the service was unable to provide services to patients with mobility difficulties, details of alternative services were provided. Information and medicine labels were not available in large print, and an induction loop system was not available for patients who experienced hearing difficulties.

### Access to the service

Appointments were available at varied times on both weekdays and weekends. The length of appointments also varied for new and follow-up patients.

### Concerns & complaints

There was a designated responsible person who handled complaints at the clinic, and we saw a policy in place which provided staff with information about handling customer complaints. Information for patients about how to make a complaint was available in the clinic waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint.

Patients we spoke with were aware of, and understood, the complaints system at the clinic. We reviewed the complaints system, and saw it was reviewed every six months. However, we were told there had been no complaints received by the clinic in the last 12 months.

# 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 clinic had a number of policies and procedures in place to govern activity, and these were available to the staff. However, these documents had not been recently reviewed and referred to out of date regulations.

The service had quality assurance systems in place, which were reported and monitored by the provider. There was a systematic programme of internal audits to monitor quality and systems, including clinical records, medicine management, environment and cleanliness. For example, we saw regular reviews of a sample of people's records had been completed every three months and any identified issues were discussed and addressed.

The registered manager had responsibility for the day to day running of the clinic. The doctor providing treatment at the clinic varied each day, but there were clear processes in

place for the registered manager to meet with the doctors regularly, and discuss, for example, feedback from audits, or changes or updates in practice. There was a clinical lead who oversaw governance for the organisation nationally.

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

The service encouraged and valued feedback from customers. We observed that comments were invited from customers through a Suggestions Box in the waiting area. The clinic also proactively sought patient feedback following delivery of the service to every new patient, through its feedback questionnaire and online survey. We saw that the patient satisfaction survey was reviewed every six months. We were told about changes made in response to patient feedback, for example opening hours had been extended. On the day of inspection, further feedback on the doctor's consultation was being sought specifically through a Patient Survey, as part of the doctor's revalidation.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Services in slimming clinics

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**We found that the registered provider had not always ensured that staff had the relevant competence and skills to enable them to provide the care and treatment they were employed to perform**

#### Regulated activity

Services in slimming clinics

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider was supplying medicines in a manner that was not in accordance with its own policies**

#### Regulated activity

Services in slimming clinics

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider did not have robust systems and processes in place to prevent abuse of service users**