Codegrange Limited

National Slimming Centres (Brighton)

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 June 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 practice was not providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

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.

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.

Background

National Slimming Centre – Brighton is a private slimming clinic. The clinic consists of a reception, consulting room and an office, which are located on the second floor of 20 New Street in a shopping area of Brighton. The clinic has lift access and shared toilet facilities with other organisations within the building.

Summary of findings

Staff include a clinic manager, two part-time doctors and a receptionist. The clinic is open three days during the week and Saturday mornings. The clinic provides advice on weight loss and prescribed medicines to support weight reduction.

The new manager of the service began work on the day of the inspection, but had not started the process to become 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.

Nine patients completed CQC comment cards to tell us what they thought about the service. All of the comments provided were positive about the doctor and the staff.

Our key findings were:

- Staff told us that they felt supported to carry out their roles and responsibilities.
- We found that feedback from patients was always positive about the care they received, the helpfulness of staff and the cleanliness of the premises.
- The provider had systems in place to monitor the quality of the service being provided

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

- Ensure patients are protected from abuse and improper treatment.

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

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

- Review the training provided to chaperones and non-clinical staff in the event of a medical emergency.
- Only supply unlicensed medicines against valid clinical needs of an individual person where there is no suitable licensed medicine available.
- Review processes for monitoring long term clinical outcomes.
- Review access to translation services.

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 Notice at the end of this report).

We found areas where improvements must be made relating to the safe provision of treatment. This was because the provider had not ensured the children's safeguarding lead had received appropriate training in line with published guidelines. Improvements should also be made relating to non-clinical staff training.

The clinic had processes for reporting, learning, sharing and improving from incidents. Staff had received safeguarding training, guidelines for medical emergencies were available and accurate records were kept. The clinic was clean and tidy and infection control audits were undertaken. Governance was in place around medicines security.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider was unable to provide long term clinical outcome analysis.

Doctors screened and assessed patients prior to treatment. All staff had received relevant training to enable them to carry out their roles. The clinic contacted patients' GPs to share relevant information when patients gave permission. Staff at the clinic ensured that individual consent was obtained prior to the beginning of treatment.

However, outcomes in terms of weight lost were not analysed.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations. Patients were very positive about the service provided at the clinic. We were told that staff were very helpful, maintained patient's dignity and treated patients with respect.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations. We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider relied on patients to provide their own translators.

The facilities and premises were appropriate for the services being provided. We saw evidence that staff had been trained to be aware of patients with protected characteristics. Patients could call or walk in to book appointments. The clinic had a system for handling complaints and concerns.

Are services well-led?

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

Staff felt supported to carry out their duties. Staff were able to describe how they would handle safety incidents and were aware of the requirements of the duty of candour. There was a system in place for completing some clinical audits. The provider sought the views of patients and used this information to drive improvement.

At the time of the inspection, a new manager had started work. However, the clinic had been without a registered manager for two years.

National Slimming Centres (Brighton)

Detailed findings

Background to this inspection

We carried out this inspection on 6 June 2017. Our inspection team was led by a member of the CQC medicines team, and was supported by another member of the CQC medicines team.

Prior to this inspection, we gathered information from the provider, and from person questionnaires. Whilst on inspection, we interviewed staff and reviewed documents.

To get to the heart of patient's 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 clinic had a system in place for reporting, recording and monitoring significant events. We were told that there had not been any significant events; therefore there were no incident reports. Staff showed us an incident summary report circulated by the provider. This contained anonymised details of incidents reported, investigated and learning to be shared across the company. Staff demonstrated an awareness of how to deal with incidents.

Staff were able to demonstrate their understanding of their responsibilities to raise concerns and record any incidents. We saw that there were arrangements in place to enable the staff at the clinic to be informed of relevant patient safety alerts (although there had not been any relevant alerts actioned recently).

Staff were aware of their responsibility to comply with the requirements of Duty of Candour.

Reliable safety systems and processes (including safeguarding)

The clinic doctor was the safeguarding lead. All the staff working at the clinic including doctors had received introductory training in adult safeguarding. Therefore, the staff lacked training in the safeguarding of children at the relevant levels required for healthcare staff working with parents and carers.

Individual records were written and managed in a way to keep patients safe. They were accurate, complete, legible, up to date, and stored appropriately. There was a process to share records when the person consented.

Staff told us chaperones were available; however the staff had not received training for this role.

Medical emergencies

At the time of the inspection there was no formal risk assessment on the provision of services in the event of a medical emergency and no emergency medicines or equipment were kept at the clinic. Whilst the service was not intended to deal with medical emergencies, the doctors were trained in basic life support. However, the reception staff lacked this training. This meant life support could not be provided if the doctor was absent. If someone became unwell whilst on site, staff at the clinic would call the emergency services and were aware of urgent care provisions in the local area. Following the inspection, the provider recirculated an emergency flow chart to the clinic.

Staffing

There were sufficient numbers of staff working at the clinic. The clinic was staffed by a manager (full time), two doctors (both part time), and a receptionist. Disclosure and Barring Service checks were present for all staff in line with the policy for National Slimming Clinics - Brighton

Staff received annual performance reviews and in-house appraisals. We saw that both the doctors were up to date with regards to their revalidation with the General Medical Council. For those doctors whose main employer was NSC Brighton, the provider organised an external organisation to facilitate their revalidation.

The receptionist and manager were able to act as chaperones to patients that requested this. Whilst no patients had ever requested the assistance of a chaperone, staff acting as chaperones had not received any specific chaperone training.

Monitoring health & safety and responding to risks

We saw evidence that the provider had indemnity arrangements in place to cover potential liabilities that may arise.

Infection control

The premises were clean and tidy with an infection control policy in place. The cleaning schedule records indicated cleaning was undertaken on a regular basis. Whilst there was no sink in the consulting room, examination gloves and alcoholic gel was available. Staff and service users had access to a toilet on the same floor as the service (ladies) and floor below (gentlemen). Infection control audits had been completed and records of new employees indicated infection control training was part of their induction

At the time of the inspection the clinic lacked an assessment for Legionella (Legionellosis is the collective name given to the pneumonia-like illnesses caused by legionella bacteria). Within ten days of the inspection, the provider developed and distributed an assessment tool for all their clinics.

Premises and equipment

Are services safe?

The premises were in a good state of repair. There was a fire evacuation policy displayed in the waiting area. Fire equipment was available with a service schedule, which was followed. The building had a fire alarm system maintained by the landlord. All electrical equipment was tested to ensure that it was safe to use. Clinical equipment was checked to ensure it was calibrated and working properly.

Safe and effective use of medicines

National Slimming Clinic – Brighton prescribes 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 person. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

At National Sliming Clinic –Brighton we found that patients were treated with unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating people 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.

Orders for medicines supplies were to an external company and supplied to patients in appropriately labelled containers. Keys for the medicines cupboard were stored securely and only accessed by the doctors. This meant that the medicines cupboard could only be opened whilst one of the doctors was on the premises as none of the other members of staff had a key. We observed that medicines no longer required were disposed of appropriately. However, the service lacked a temporary waste exemption certificate. When we raised this with staff they registered for the certificate.

We reviewed 13 medical records, and saw that no patients under the age of 18 were prescribed medicines for weight loss.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Prior to treatment, patients were screened and assessed by a doctor on each visit. The information collected included past medical history, drug history, weight, height and blood pressure. The policy for the dispensing and control of all medicines described prescribing thresholds, and the doctor we spoke with confirmed they were following these thresholds. The clinic had a system in place for completing clinical audits in order to assess the quality of treatment provided. Examples included:

- Completeness of person records and the reasons for prescribing or not prescribing medicines to aid weight loss
- Completeness of medicine and dispensing records

However, we did not see any audits to assess weight loss

We checked 13 records and saw that patient's date of birth; medical history, weight, height, and blood pressure were taken at the initial visit. Body mass index (BMI) was calculated and recorded. Patients were asked to complete a consent form. This form asked whether patients were happy for information about their weight loss treatment to be shared with their own GP. Where the patient declined they were given a copy of the "GP letter" and advised to hand the letter in to their GP. Records were kept of patients who were refused treatment at the clinic. Reasons for treatment refusal included; BMI of less than 30 with no co-morbidities, BMI of less than 27, and people having contraindications or taking contraindicated medicines.

Staff training and experience

The provider had introduced training that covered the following areas: data protection, display screen and electrical equipment, equality & diversity, fire, health and safety, infection control and prevention, manual handling, slips trips and falls and adult safeguarding. Existing staff had completed this training and new staff would cover these areas during their induction. However, staff acting as chaperones had not received any specific chaperone training.

The doctors were also trained in basic life support. However, the reception staff lacked this training.

Working with other services

We saw that the clinic contacted patient's GPs if they agreed to this. Information was shared relating to the treatments being received. If any concerns were highlighted whilst in contact with National Slimming Clinic - Brighton people were referred to their GP for further investigation. Examples of reasons for referral included high blood pressure and depression.

Consent to care and treatment

Staff at the clinic ensured that patient consent was obtained prior to the beginning of treatment. There was information readily available that the treatments being offered at the clinic were unlicensed and on the cost of treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the clinic. We received nine completed cards and all were positive. We were told that staff were very helpful, maintained patient's dignity and treated people with respect. For example one patient commented "very good service from start to finish" and another "the staff are always friendly and supportive".

Involvement in decisions about care and treatment

Patients were given time to make a decision relating to their treatments. patients reported that staff listened to them, provided them with information when needed and made them feel welcome.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The facilities and premises were appropriate for the clinic being provided. The clinic consisted of a reception area with seats, and one clinic room. Toilet facilities were available at the clinic premises. The clinic was located on the second floor of the building with access by stairs and a lift. The building was wheelchair accessible. Slimming and weight management services were provided for adults from 18 to 65 years of age by appointment.

Tackling inequity and promoting equality

We asked staff how they communicated with patients who spoke another language. Staff told us that they were not aware of the availability of an interpretation service and relied on the patient providing a translator. Staff were not aware of different translating services available.

The service was located on the second floor and accessed via a flight of stairs or lift. Where the service was unable to provide services to patients with mobility difficulties, details of alternative clinics were provided. Information and medicine labels were not available in large print and an induction loop was not available for patients who experienced hearing difficulties.

Access to the service

The clinic was open for booked appointments: Monday 10.00 - 13.00, Tuesday: 09.30-14.00, Thursday: 10.00 - 18.00, and Saturday: 9.30 -13.30.

Concerns & complaints

The clinic had a system for handling complaints and concerns. There was a complaints policy and notices explaining to patients how to raise concerns and complaints with staff. We saw that complaints and resulting actions were recorded. We were told no complaints had been 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

Staff at the clinic had access to policies and procedures. Staff told us that they felt supported in carrying out their duties.

They felt that they could always go to senior staff if they had any questions or concerns. The two doctors had overall responsibility for the governance of the safe and effective use of medicines.

The manager had started on the day of inspection and was being supported by the nominated individual during their induction. However, there had been no registered manager since May 2015.

We reviewed three staff records; these indicated that the registered status of clinical staff was checked annually, including their revalidation. Current staff had undertaken relevant training during the year, however the third record we reviewed was not reflective of best practice. The records we reviewed lacked any evidence to indicate that staff health assessments had been undertaken.

The provider had undertaken a risk assessment prior to the installation of non-recording CCTV within the waiting area with signs. The provider was registered with the Information Governance Commissioner.

Leadership, openness and transparency

Staff could describe how they would handle any safety incidents. There was an awareness of the requirements of the duty of candour regulation. Observing the Duty of Candour means that patients who use the clinic are told when they are affected by something that goes wrong, given an apology, and informed of any actions taken as a result. Staff were encouraged to be open and honest and were able to demonstrate this.

Learning and improvement

Anonymised investigations of incidents and complaints from other clinics operated by the provider were shared and discussed by staff.

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

A survey was used to regularly gather the views of patients using the clinic. The results of the survey where analysed each year and used to drive improvement. There was also a feedback box located in the reception area and patients were encouraged to share their views.

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	Regulation
Services in slimming clinics	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users must be protected from abuse and improper treatment **How the regulation was not being met** The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: **Regulation 13(1)&(2)** The provider had not ensured that the safeguarding lead for children and staff had received appropriate training for their roles.