

Avenfield Limited

# London Slimming Centre

## Inspection report

406 Edgware Road  
London  
W2 1ED

Tel: 0207 402 0068

Website: <http://www.slimmingandcosmetic.co.uk>

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## Overall summary

We carried out an announced comprehensive inspection on 25 April 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 service was not providing safe care in accordance with the relevant regulations because safety systems and processes were not reliable, the management of medical emergencies required review, staff were not suitably trained, risks to health and safety required review, the maintenance of equipment required review, and medicines were not managed safely.

#### 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 information provided to patients on the use of off label and unlicensed medicines.

#### 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. We found areas where improvements should be made relating to the lack of policies regarding patients with protected characteristics.

#### Are services well-led?

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

### Background

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.

The London Slimming Centre is a slimming clinic located on Edgware Road, in North West London. The clinic consists of a reception room and a consulting room on the first floor of 406 Edgware Road. It is very close to a tube station and local bus stops. Parking in the local area is limited and the building is not wheelchair accessible.

The clinic is staffed by a receptionist and four regular female GPs; however there is only ever one GP on shift at any one time. If for any reason, a shift is not filled by one of the regular GPs, a locum GP is brought in. In addition,

# Summary of findings

there is a governance manager based at the Bournemouth head office who attends the clinic on an ad hoc basis (roughly once a month). This clinic is one of 26 clinics that is run by the same provider organisation.

The receptionist 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 Regulations about how the clinic is run.

The clinic provided slimming advice and prescribed medicines to support weight reduction. It was a private service. It was open for walk ins or booked appointments on Mondays, Tuesdays, Wednesdays, Thursdays, and Saturday mornings. Patients were welcome to walk in and be weighed any time the clinic was open, and did not necessarily need to see the GP to do so.

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 London Slimming Centre, the cosmetic injections 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 cosmetic services.

Patients completed CQC comment cards to tell us what they thought about the service. We received 42 completed cards and all were positive. We were told that the service was very good, and that staff were helpful, informative, pleasant, respectful, welcoming and maintained people's dignity at all times.

## Our key findings were:

- Individual patient records were written and managed in a way to keep patients safe.
- The clinic appropriately refused to provide medicines to patients who did not fit the inclusion criteria for treatment.
- The feedback from patients was always positive about the care they received, the helpfulness of staff and the cleanliness of the premises.

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

- Ensure that all medicines dispensed to patients are labelled appropriately and that any relevant patient information is provided.
- Ensure that the registered manager is trained in the safeguarding of adults and children.
- Ensure the provision of chaperone training to staff.

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

- Review risk assessments with regard to medical emergencies.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Review fire safety procedures to provide assurance that patients would be kept safe in an emergency.
- Review how the calibration of weighing scales is documented.
- Review the information provided in relation to the use of off label and unlicensed medicines to ensure it is easily understandable to patients using the service.
- Review policies and training regarding patients with protected characteristics.

# 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 at the end of this report).

The clinic had a system in place for reporting, recording and monitoring significant events and incidents. There were sufficient numbers of suitably trained and competent staff available at the clinic. The doctors working for the service were trained in safeguarding; however the registered manager had not been trained in safeguarding. The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The provider did not ensure that all medicines were dispensed and labelled appropriately.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations; however we found areas where improvements should be made.

Staff at the clinic took appropriate medical information from patients using the service. Patients were asked to sign a form to give consent to treatment at the clinic and for information to be shared with their GP. We saw that when patients had been attending the clinic for more than two years, a course of treatment with medicines never lasted for longer than 12 consecutive weeks. In addition, there was at least a two week break before treatment was restarted. All the doctors in the clinic had undergone revalidation.

Information provided to patients using the service did not make it clear that the medicines prescribed by the doctors in the clinic were unlicensed or being used off label.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations. Patients told us that staff were helpful, informative, pleasant, respectful, welcoming and maintained the dignity of patients at all times.

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

We found that this service was providing responsive care in accordance with the relevant regulations. The facilities and premises were appropriate for the services being provided. We saw that staff had access to some patient information to accommodate patients who could read Arabic. Patients told us that they were always accommodated when they wanted to see a doctor.

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

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

Staff from head office provided support to staff at this clinic. Whilst the registered manager was new to the role and felt supported, areas of uncertainty were identified during this inspection such as requirements for chaperone training and safeguarding training. We saw that audits were completed in a number of areas.

# London Slimming Centre

## Detailed findings

### Background to this inspection

We carried out this inspection on 25 April 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 patient comment cards. Whilst on inspection, we interviewed staff and reviewed 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

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 were able to demonstrate their understanding of their responsibilities to raise concerns, deal with incidents, and record them.

Staff told us that there were arrangements in place to inform them of any relevant patient safety alerts. There had not been any relevant alerts recently.

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

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

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 appropriately when the patient consented.

The safeguarding lead for the clinic was a governance manager who was based at head office. All the doctors working at the clinic had been trained in safeguarding up to level two, whilst one of the doctors was trained up to level three. The registered manager who worked as the clinic receptionist when the clinic was operational was not trained in safeguarding. The provider must ensure that the registered manager is trained in the safeguarding of adults and children.

Within the clinic, there were systems for documenting incidents, and complaints. Staff felt confident to raise any necessary concerns relating to suspected or actual abuse, and knew how to whistle blow.

### Medical emergencies

Whilst the clinic was not designed to deal with medical emergencies, there was no formal risk assessment detailing how emergencies would be managed. Staff had not had formal first aid training; however one doctor had completed basic life support training. If someone became unwell whilst at the clinic, there was always a doctor on duty during the opening hours who could deal with this. In addition, there was a hospital accident and emergency department within half a mile of the clinic.

### Staffing

There were sufficient numbers of suitably trained and competent staff available at the clinic. During opening hours, the clinic was staffed by a full time receptionist (who was the registered manager), and one doctor. In total, there were four permanent female doctors who shared the responsibility of working at the clinic. They worked at the clinic on a part time basis. If a shift was not filled by one of the permanent doctors, locum doctors were usually available who had previous experience of working at another slimming clinic belonging to the same provider. Prior to a new locum doctor working at the clinic, he or she was given information to read as part of their induction. In addition, they had to shadow a regular doctor session at the clinic in order to familiarise themselves with all the clinic processes.

Disclosure and Barring Service checks were present for all staff although the clinic did not have a specific policy on this. References were obtained for all members of staff working at the clinic.

We saw that all the doctors were up to date with regards to their revalidation with the General Medical Council.

The receptionist told us that she acted as a chaperone to patients that requested this. There was a notice in the reception area telling patients that a chaperone was available. This information was also in the clinic leaflet. We were told that a chaperone had only previously been requested once or twice. The receptionist had not received any chaperone training.

### Monitoring health & safety and responding to risks

Any improvements or changes needed to the service were carried out during the Christmas and New Year break to minimise disruptions to the service.

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

Records were kept of the monthly fire alarm test. Whilst the fire alarm was tested regularly, staff did not practice evacuating the building. We were told that this was because there were residential flats above the service and therefore evacuations would have to involve residents.

### Infection control

The clinic had conducted legionella testing, and the results were negative. (Legionellosis is the collective name given to

# Are services safe?

the pneumonia-like illnesses caused by legionella bacteria.) The clinic maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Staff had a cleaning checklist that was completed daily.

We were told that the blood pressure machine was cleaned regularly, however there were no records of this.

## Premises and equipment

Clinical equipment was checked to ensure it was working properly. Although the weighing scales were calibrated, staff at the clinic did not keep records of this activity.

## Safe and effective use of medicines

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 the London Slimming Centre 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.

In addition to appetite suppressants, doctors also prescribed a medicine that blocked fat absorption to people who used the service.

The provider had a policy for the dispensing and control of medicines and this policy had been recently updated. The policy detailed that balance checks of medicines were to be carried out each month. We saw evidence of daily and monthly balance checks.

Medicines were stored securely in appropriate cupboards in the clinic. Only the doctors had the code to allow access to the medicines. During clinic opening hours medicines were kept safely in the possession of the doctor. We saw accurate records of the ordering, receipt and prescribing of medicines. Medicines were only ordered and received when there was a doctor on the premises.

When medicines were prescribed by the doctor, they were supplied in labelled containers which included the name of the medicine, instructions for use, the patient's name and the date of dispensing. We saw that a record of the supply was made in the patient's clinical notes.

During this inspection, we saw that a medicine was supplied to a patient with no dispensing label and no patient information leaflet. When we pointed this out, the doctor attached a dispensing label on the back of the strip of medicine. This meant that as the patient took the medicine, the patient information would become increasingly more difficult to read.

We reviewed 10 patient 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 the consultation each patient completed a medical history form. This form took details of existing medical conditions and any medicines the patient was already taking. Patients were asked to sign a form to give consent to treatment at the clinic and for information to be shared with their GP.

During the initial consultation, blood pressure, weight and height were checked. Information on eating habits was also collected. In addition, the doctor checked for contraindications to treatment such as uncontrolled diabetes, existing mental health conditions and uncontrolled high blood pressure.

We checked 10 patient records and saw that the medical history, weight and blood pressure were taken at the initial visit. A body-mass index (BMI) was calculated and target weights agreed and recorded. Weights and blood pressure readings were recorded at subsequent visits.

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 the BMI was below the level where appetite suppressants could be prescribed the clinic provided dietary advice and referred patients back to their own GP. One of the medicines offered by the clinic is only licensed for use if the BMI is above 28 (orlistat). Therefore the clinic was offering this medicine for 'off label' use. Patients should be informed of the risks associated with 'off label' medicines use.

We saw that some patients had been attending the clinic for more than two years. Whilst patients had received multiple prescriptions for diethylpropion hydrochloride tablets or phentermine capsules, a course of treatment never lasted for longer than 12 weeks. In addition, there was at least a two week break before treatment was restarted. This was in line with the patient information leaflets.

### Staff training and experience

All the doctors working at the clinic had been provided with the clinic policies to read and signed to say that they had done this. The registered manager had been working at the clinic for over 20 years, and had learnt the role by working alongside the previous registered manager. If a new member of reception staff started work at the clinic, we were told that they would spend time at head office as part of their induction.

One of the doctors was a member of the Association for the Study of Obesity, and a member of the National Obesity Forum.

Another doctor had evidence of training in the following areas: basic life support, Control of Substances Hazardous to Health (COSHH), fire safety, handling violence, aggression and complaints, health and safety including first aid awareness, falls prevention, infection control, information governance (including record keeping and Caldicott principles), lone worker, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), Safeguarding of Vulnerable Adults and children.

We saw that all the doctors had undergone revalidation and that the receptionist received annual supervision.

### Working with other services

We saw that the London Slimming Centre referred patients' to their own GP's if they did not fit the treatment criteria and if the patient had consented to this. Information relating to the treatment being received was also shared with patients' own GP's. If any concerns were highlighted whilst in contact with the clinic, patients were referred to their own 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. Information on the cost of treatment was readily available. However, this information did not make it clear to members of the general public that the treatments being offered at the clinic were unlicensed.



# Are services caring?

## Our findings

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

Patients completed CQC comment cards to tell us what they thought about the service. We received 42 completed cards and all were positive. We were told that the service was very good, and that staff were helpful, informative, pleasant, respectful, welcoming and maintained the dignity of patients at all times.

All consultations were conducted in a private room. The window to the room was covered with a curtain to ensure that privacy was maintained. Patients told us that they felt that they could trust the doctors.

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

Patients told us that they felt that they were given enough time for questions and answers. Staff told us that they did not rush patients into making decisions about their treatment. Patients were encouraged to take time to think about which treatment they wanted once the doctor had explained the options available to them.

Patients told us that they felt that staff listened to them, provided them with information when needed and made them feel welcome. We saw that there were patient information leaflets available which included information relating to the cost of treatment.



# 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 services being provided. The clinic was located on the first floor of the building and consisted of a reception area with seats, and a consultation room. A toilet facility was available at the clinic premises. The building was not wheelchair accessible. The leaflet for the clinic stated that if a wheelchair user wanted to access the service, they would provide details of an alternative clinic. Slimming and obesity management services were provided for adults from 18 to 80 years of age by appointment.

Appointments were available during the opening hours of the clinic. The opening hours of the clinic were as follows: Mondays (10.30am-5pm), Tuesday (10.30am - 5pm), Wednesday (10am - 2pm), Thursdays (10.30am - 6pm) and Saturday mornings (10am - 3pm).

We saw that staff had access to some patient information to accommodate patients who could read Arabic. Anyone accessing the service who could not speak fluent English was advised to bring someone who could translate for them.

### Tackling inequity and promoting equality

We did not see any policies that suggested that staff had an awareness of people with protected characteristics. (Protected characteristics are defined in the Equality Act 2010 as including: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.)

Whilst some provisions had been made for patients with protected characteristics, 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

Patients told us that they were always accommodated when they wanted to see a doctor. Patients accessing the service were able to make an appointment, or they could walk into the clinic and be seen straightaway. At busier times, there was a slight wait. The latest time the clinic was open was 6pm on a Thursday. Patients commented that they would appreciate if the clinic opened later in the evenings.

### Concerns & complaints

The service had a form available for handling complaints. The complaints procedure was displayed in the clinic waiting area. We were told that no complaints had been made.

# 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 was one of 26 other clinics owned by the same provider. Staff from head office provided support to staff at this clinic. Staff were clear about who they were accountable to and felt supported in carrying out their duties. They felt that they could always go to senior staff if they had any questions or concerns.

One of the doctors based at this location had overall responsibility for the governance of the safe and effective use of medicines. Medicines were stored very securely. The keys to the medicines cupboard were stored in a safe that could only be accessed by the doctors. Whilst the registered manager was new to the role and felt supported, areas of uncertainty were identified during this inspection such as requirements for chaperone training and safeguarding training.

### 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 services are told when they are affected by something that goes wrong,

given an apology, and informed of any actions taken as a result. Whilst this had never happened, staff were able to explain how they would deal with poor practice and what to do if they needed to whistle blow.

### Learning and improvement

We saw that audits were completed in the following areas: completion of consent forms, medical forms, and prescriptions. In addition, a quality assurance audit was conducted to ensure that patients using the service were making progress with regards to their weight loss.

We saw that the findings of audits were used to improve patient care. For example, if a patient was found to be gaining weight, an action plan was implemented.

Doctors at the clinic shared information for continuous learning and improvement. They relayed information by email as they worked at different times to each other.

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

We saw that the views of patients using the service were regularly sought after using a patient satisfaction survey. The results of the survey were analysed every month and used to drive improvement. In addition to this, a feedback box was located in the reception area and patients were welcome 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not provide chaperone training to staff.</p> <p>The provider had not ensured that all medicines dispensed to patients were labelled appropriately and that any relevant patient information was provided.</p>

Regulated activity	Regulation
Services in slimming clinics	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that the registered manager was trained in the safeguarding of adults and children.</p>