Slim Holdings Limited

National Slimming & Cosmetic Clinics

Inspection report

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Date of inspection visit: 9 August 2017
Date of publication: 25/10/2017

Overall summary

We carried out an announced comprehensive inspection on 9 August 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.

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 not 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.

National Slimming and Cosmetic Clinics – Bradford is a private slimming clinic for adults. The service operates from a ground floor consulting room, with separate reception and waiting area on North Parade in Bradford. The clinic was open on Wednesdays from 9am to 3:45pm and on Friday and Saturday mornings.

There were two receptionists and three part-time doctors, one doctor was available at each clinic session. The clinic manager was 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.

Summary of findings

45 patients completed CQC comment cards to tell us what they thought about the service. All of the comments were positive about the cleanliness of the environment, and the support from the doctors and clinic staff.

Our key findings were:

- We found that feedback from patients was positive about the care they received, the friendly staff and the cleanliness of the premises.
- Patients were provided with a range of information on diet, exercise and any medicines that were prescribed.
- The provider had systems in place to deal with incidents and to monitor the quality of the service being provided.
- Prescribing was in line with an agreed clinical protocol and appropriate records were maintained.
- The clinic did not offer a chaperone service.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care In particular relating to recruitment, safeguarding and learning from clinical audit.

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:

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- Review the necessity for chaperoning at the service and staff training requirements if necessary.
- Review the Doctors manual to include reference to current guidance with regard to identifying patients at additional risk due to a combination of their BMI and additional co-morbidities and share findings from the clinical effectiveness audits with doctors to support review and learning.
- Complete a written risk assessment to support and evidence the Clinic approach to medical emergencies.

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 because complete pre-employment documentation was not in place for all staff and one of the doctors had not completed children's safeguarding training in accordance with national guidance. A risk assessment had not been completed with regard to the response to medical emergencies.

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.

However, we found that the premises and equipment were clean, properly maintained and fit for use. Medicines were stored securely, and comprehensive records were maintained. All doctors were registered with the General Medical Council, had regular appraisals with a responsible officer and were up to date with revalidation. The consulting room was private and confidential and secured to prevent unauthorised access. The provider did not offer a chaperone service but people could see the doctor with a friend or family member if they wished.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Patients were given a range of information about their treatment and consent was obtained before treatment was started. Appropriate records were kept of consultations and the treatment supplied. Outcomes in terms of weight loss were audited. Staff completed appropriate training. All patients were given a letter detailing their treatment to share with their GP, should they choose to do so.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

45 patients completed CQC comment cards to tell us what they thought about the service. All of the comments were positive about the cleanliness of the environment, friendliness and support from the doctors and clinic staff.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

The provider collected feedback on the service through a six monthly patient survey and a comment box in the waiting room. Clinic facilities were not accessible to people who used a wheelchair or had mobility problems. There was a step into the clinic and a flight of stairs down to the toilet. The patient guide advised that the clinic was unable to provide access to these facilities and would provide details of an alternative provider. The provider had a policy and procedure in place for handling concerns and complaints.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We found areas where improvements must be made relating to the safe provision of treatment. This was because the provider did not share findings from the clinical effectiveness audits with doctors to support review and learning. The

Summary of findings

doctors manual was overdue for review and did not for example, include reference to current guidance with regard to identifying patients at additional risk due to a combination of their BMI and additional co-morbidities. The Provider had not made arrangements to ensure consistent adherence to Clinic Policies and National Guidance with regard to Recruitment and Safeguarding.

The clinic had a comprehensive set of policies and procedures and these were available to all staff. Staff described how they would handle incidents in accordance with the duty of candour. There was a system in place for completing clinical audits and for capturing patient feedback about the service.

National Slimming & Cosmetic Clinics

Detailed findings

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Our key findings were:

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Are services safe?

Our findings

Reporting, learning and improvement from incidents

The clinic used an electronic incident reporting system. Staff demonstrated their understanding of their responsibilities to raise concerns and record any incidents. The manager told us that there had been no signifcant incidents at the clinic in the last 12 months.

Senior managers reviewed the incidents across the group every quarter and circulated these to all the clinics to support sharing of learning. We saw that the incidents were clearly recorded and appropriate action was taken. The registered manager was not familiar with the term Duty of Candour. However, they described the process following an incident in accordance with the requirements of the Duty of Candour.

Reliable safety systems and processes (including safeguarding)

The registered manager was the safeguarding lead. We saw records to show that all non-clinical staff had undertaken safeguarding training within the previous year. All the doctors had completed adult safeguarding training but only the Registered Manager and two of the doctors had completed Children's Safegaurding training. However, the Registered Manager told us that children's safeguarding training had been booked and would be completed by the third doctor in September 2017.

Although the service only treated adults, the manager was aware of safeguarding responsibilities towards children. There was a policy in place, which included contact details for the local safeguarding team. Individual patient records were stored securely at the clinic. However, the provider had not ensured that all doctors had completed children's safeguarding training in line with published guidelines.

Medical emergencies

The provider did not hold stocks of emergency medicines or equipment. If someone became unwell staff at the clinic would call the emergency services. There was no formal risk assessment in place however, following the inspection, the provider circulated an emergency resuscitation chart to the clinic. There was a first aid kit and an accident book.

Staffing

There were sufficient numbers of staff working at the clinic. The clinic was staffed by a manager (full time), three doctors (all part time), and two receptionists.

We reviewed the personnel files for all of the staff at the clinic and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. However, contrary to clinic policy, only one reference was kept on file for each of the three doctors. In addition, there was no record of Disclosure and Barring Service checks for one non-clinical staff member.

All doctors were registered with the General Medical Council, had regular appraisals, a responsible officer and were up to date with revalidation.

Consultations did not involve an examination. However, the service had not formally assessed the need to provide a chaperone service. The manager told us that no one had requested a chaperone (although some patients chose to see the doctor with a friend or partner).

Monitoring health & safety and responding to risks

The provider had indemnity arrangements in place to cover potential liabilities. There was a rota in place to ensure a doctor was always present when the clinic was open.

Infection control

The premises were clean and tidy. Patients told us they were happy with the level of cleanliness.There was no sink in the consulting room but examination gloves and alcohol hand gel were available. Staff and patients had access to the toilet and handwashing facilities on the basement floor, although there was no disabled access to these.

The registered manager carried out the cleaning, and completed daily and weekly checklists to help ensure the cleanliness of the premises. There was also an infection control policy in place. A Legionella risk assessment had been completed in June 2017, indicating a low risk. (Legionella is a type of bacterium which can contaminate water systems in buildings).

Premises and equipment

The premises were rented by the provider and looked to be in a good state of repair. A fire risk assessment had been completed detailing the actions identified to improve fire safety. Firefighting equipment was available with a service

schedule, which was followed. However, a notice advising patients of what to do in the event of a fire was not displayed in the waiting area. The registered manager confirmed that this had been addressed immediately after our visit.

All electrical equipment was tested to ensure it was safe to use. Clinical equipment was checked to ensure it was calibrated and working properly.

The consulting room was private and confidential and secured to prevent unauthorised access.

Safe and effective use of medicines

The doctors at this clinic prescribed Diethylpropion Hydrochloride and Phentermine. The approved indications for these 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.

The medicines supplied at this clinic were 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 & Cosmetic Clinics Bradford 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 is 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, labelled and supplied to people. We saw that medicines were stored securely and kept in the possession of the prescribing doctor. Clinic staff packed and labelled medicines for supply to patients. Staff did not receive training in the packing and labelling process, but records were kept and a doctor oversaw the whole process. We noted that the quantity of medicine supplied was not included on the dispensing label. The registered manager advised that this would be addressed immediately. The clinic had a waste exemption certificate and unwanted medicines were disposed of appropriately.

The 'Doctors' Manual' included the clinics prescribing guidelines and links to current guidance however, it was overdue for review. Current National Institute for Health and Care Excellence (NICE) guidance NICE guidance does not make reference to the medicines prescribed at the clinic but does provide guidance about prescribing for patients with co-morbidities. The 'Doctors' Manual' did not correctly reflect the current National Institute for Health and Care Excellence (NICE) guidance with regard to identifying patients at additional risk due to a combination of their BMI and additional co-morbidities.

The clinic policy was for doctors to monitor patients' blood pressure at least monthly, and two weekly for patients with high blood pressure. All the records we reviewed showed that blood pressure was monitored, but the frequency had not increased to two weekly for the one patient with raised blood pressure. The prescriber had not documented the reason for this. This meant the patient was at increased risk because the prescribed medicine is known to raise the blood pressure. We drew this to the attention of the registered manager to raise with the doctors when the patient next visited the clinic. The clinic policy also stated that new patients' blood glucose would be measured but this was not consistently recorded.

We reviewed 11 medical records, and saw that no patients under the age of 18years were prescribed medicines for weight loss.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The service only treated adults aged 18 years and above and we saw that they requested proof of identity. Prior to treatment, a doctor assessed patients. This included a medical history, blood pressure, and measurement of body mass index (BMI). During the initial consultation, the doctor checked for contraindications to treatment such as high blood pressure or BMI below the clinic treatment thresholds and discussed the treatment available. All patients received written information about healthy eating, meal ideas and exercise suggestions. Before prescribing medicines, the doctor discussed appetite suppressants, explained how they were taken and what the possible side effects might be. Patients were also given a patient information leaflet, which provided written information about the medicine prescribed. The service undertook clinical audits to demonstrate effective weight loss over time.

All patients completed a consent form indicating whether they were happy for the clinic doctor to share information about their weight loss treatment with their GP. However, we saw one record where the patient had requested that the clinic informed their GP, but clinic protocols to ensure the letter was sent had not been followed. We raised this with the manager and it was addressed immediately. In addition, the clinic gave all patients a copy of a "GP letter" detailing their weight loss treatment and advised them to hand the letter to their GP.

Staff training and experience

The doctors were all on the General Medical Council register. The service was a member of the Obesity Management Association and the doctor we spoke with confirmed they had completed specialist training in obesity and weight management.

The provider's staff training covered induction, fire, health and safety, data protection, first aid and infection prevention and control. Staff completed this training online and non-clinical staff had an annual appraisal. The doctors had independent appraisals as part of their revalidation.

Working with other services

The service routinely requested patients' GP details at the first consultation. All patients were asked whether they wished the clinic to contact their GP about their treatment at the slimming clinic, but the majority of patients declined this. The clinic protocol described the process to ensure GP letters were sent at the request of the patient. However, on the day of our inspection we identified this was not always adhered to.

Consent to care and treatment

Patients signed to confirm that the information they had provided on their medical history was correct and gave their consent to treatment when they registered with the clinic. Written information was available at the clinic about the use of unlicensed medicines and about the cost of treatment. Clinic staff also discussed this with patients.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

45 patients completed CQC comment cards to tell us what they thought about the service. All of the comments were positive about the cleanliness of the environment, friendliness and support from the doctors and clinic staff.

The consulting room was located behind the reception area. There were blinds on the windows protecting patients privacy during consultations with the doctor.

Involvement in decisions about care and treatment

Patients prescribed appetite suppressants were given leaflets that included the possible side effects. All patients also received a booklet with healthy eating ideas and suggestions for increasing exercise. Information about the cost of treatment was provided to patients at their first appointment.

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 service provided. The clinic consisted of a reception area with seats, and one clinic room. Receptionists greeted patients and booked appointments, although one patient commented that they would like the clinic to open on more days. The provider carried out a six monthly patient survey to ensure that they understood the needs of their patients.

Tackling inequity and promoting equality

The clinic was on the ground floor with one step to the front door and two steps into the consulting room. There was no disabled access to the toilet which was accessible only down a flight of stairs. The manager told us that disabled access had not been requested. The patient guide advised that the clinic was unable to provide access to these facilities and would provide details of an alternative provider.

We asked staff how they communicated with patients who did not speak English. Staff did not have access to an interpretation service and told us if needed they would rely upon the patient providing a translator. No risk assessment had taken place looking at the different options in the event that this was required. Written materials were only available in English and were not available in other formats, for example large print. An induction loop was not available for patients who experienced hearing difficulties.

Access to the service

The clinic was open for booked appointments: Wednesdays from 9am to 3:45pm and on Friday and Saturday mornings.

Concerns & complaints

The provider had a policy and procedure in place for handling concerns and complaints. There were notices and information was available for patients explaining how to raise concerns and complaints with staff. We were told that two complaints had been received by the clinic in the last 12 months. Appropriate action had been taken in response to these.

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 comprehensive set of policies and procedures and these were available to all staff. The Doctors Manual described prescribing thresholds, and the doctor we spoke with confirmed they were following these. However the manual had not been reviewed in line with current guidance NICE(National Institute for Health and Care Excellence) guidelines: Obesity: identification, assessment and management of overweight and obesity in children, young people and adults with regard to the treatment BMI threshold for patients with additional risk factors.

Consultations were recorded on paper record cards, which were stored securely. There were processes in place to capture incidents and complaints. The doctors had overall responsibility for the governance of the safe and effective use of medicines.

Leadership, openness and transparency

The doctor was aware of the need for openness and honesty with patients if things went wrong and would comply with the requirements of the Duty of Candour. Observing the Duty of Candour means that patients who use the service are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result. The registered manager was not familiar with the term Duty of Candour but described how they would handle any incidents in accordance with this.

Learning and improvement

The provider carried out regular audits of clinical record keeping and clinical effectiveness to ensure doctors were operating within clinic policies. With regard to clinical effectiveness three of the 20 records audited by the provider (July 2017) did not meet the audit measure for weight loss. There was no clear record of the actions taken following this audit and the findings were not discussed with the doctors.

Weekly audits of controlled drugs were completed to help ensure their safe handling. Investigations of incidents and complaints from other clinics within the same group were shared to support learning form incidents.

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

Patient comment cards were available in reception and patient views and suggestions were audited every six months. Recent audits showed that patients were happy with the service provided.

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 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance: **The provider did not have adequate systems and processes in place to ensure consistent adherence to National Guidance and Clinic Policies with regard to Recruitment and Safeguarding. The Doctors' manual was overdue for review and did not reflect current National Guidance.** **The provider did not have adequate systems and processes in place to support sharing of learning from clinical audit**