

Codegrange Limited National Slimming Centres (Gillingham)

Inspection report

National Slimming & Cosmetic Clinics

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Overall summary

We carried out an announced follow up inspection on 23 October 2018 to ask the service the following key questions; Are services safe? Are services effective?

Our findings were:

Are services safe?

We found that this service was 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.

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.

CQC inspected the service on 16 March 2018 and asked the provider to make improvements regarding how they provided safe care and treatment. We checked these areas as part of this follow up inspection and found they had been resolved.

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 (Gillingham) the aesthetic cosmetic treatments 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.

The clinic manager 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 and associated Regulations about how the service is run.

Our key findings were:

- Information used for employment, including identification checks were in place.
- Medicines held to treat emergencies had been replaced and were seen to be suitable for use.

Summary of findings

- Patients were prescribed medicines in accordance with the provider's guidelines and received appropriate treatment breaks.

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.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

National Slimming Centres (Gillingham)

Detailed findings

Background to this inspection

National Slimming Centres (Gillingham) is an independent provider of weight management services, including prescribed medicines, dietary and lifestyle advice. The clinic is in Gillingham town centre on the first floor of a shared building. There is toilet access within the clinic. The clinic does not currently offer step free access for patients. The clinic is open Monday, Tuesday, Wednesday, Friday and Saturday.

We carried out this inspection on 23 October 2018. Our inspection team was comprised of two members of the CQC medicines optimisation team. We reviewed

information relevant to this service before the inspection, including information obtained directly from the provider. We also interviewed clinical and non-clinical staff and reviewed 20 individual medical records.

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?

At this follow up inspection the safe and effective questions formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

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

- At the last inspection we found that the provider did not have photographic identification for all members of staff. At this inspection we found that photographic identification was present for all members of staff.
- At the last inspection we found that the provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate but these were not always recorded on the provider's electronic records system. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At this inspection we saw that the pre-employment checks for staff had now been carried out and were recorded on an electronic records system held by the provider.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- At the last inspection we found that staff did not understand their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. At this inspection we found that staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- At the last inspection we found that systems and processes did not ensure that people were always prescribed medicines safely. At this inspection we found that individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We saw that records were now written in a way to show that the prescribers were following the provider's policy.
- The service had a system in place to retain medical records in line with Department of Health and Social Care guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks.
- At the last inspection we found that an emergency medicine was out of date. At this inspection we found that this had been replaced and in date stock was now available.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and the provider's current guidance.
- Some of the medicines this service prescribes for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are no longer recommended by the National Institute for Health and Care Excellence (NICE) or the Royal College of Physicians for the treatment of obesity. The British National Formulary states that 'Drug treatment should never be used as the sole element of treatment (for obesity) and should be used as part of an overall weight management plan'.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and the provider's guidance.

- At the last inspection we found that the doctor was not always following either the provider's guidelines or national guidelines on the prescribing of two of the medicines used. At this inspection we found that the doctor was prescribing in line with the provider's guidelines and that people were being given appropriate treatment breaks.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information from patients record cards to assess people's treatment progress, including a review of how their weight loss was progressing.