

Codegrange Limited

National Slimming & Cosmetic Clinics

Inspection report

3 Ridley Place
Newcastle upon Tyne
NE1 8JQ

Tel: 0191 230 3333

Website: www.nscclinics.co.uk/slimming/clinics/newcastle-clinic

Date of inspection visit: 19 June 2018

Date of publication: 31/08/2018

Overall summary

We carried out an announced comprehensive inspection at National Slimming and Cosmetic Clinics – Newcastle on 28 November and 15 December 2017 where breaches of legal requirement were found. The full comprehensive report on the November 2017 inspection can be found by selecting the ‘all reports’ link for National Slimming and Cosmetic Clinics – Newcastle on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 19 June 2018 to confirm that the clinic had met the legal requirements in relation to the breaches in regulations that we identified in our previous inspection.

This report covers our findings in relation to those requirements and any additional improvements made since our last inspection.

Our key findings were as follows:

- All staff had completed safeguarding training.

- Staff were aware of online translation services and had not used family members or friends as a translator.

We identified regulations that continued to be not met and the provider must:

- Ensure that systems and processes are in place to effectively monitor and improve the quality of services being provided
- Ensure that care and treatment is provided in a safe way for the service users.

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.

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 found that where medicines were not prescribed in line with the provider's policy there was no information in the records to explain the decision to prescribe.

Are services effective?

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

There was a prescribing policy in place that set out when medicines could safely be prescribed, however this was not in line with national guidance on the management of obesity and this was not followed for two people whose records we looked at.

Patients had their BMI recorded during their first visit but this was not always repeated at subsequent visits in line with the provider's policy.

Staff at the clinic ensured that individual consent was obtained prior to the beginning of treatment but this was not always confirmed after treatment breaks in line with the provider's policy.

We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

Are services well-led?

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

There were governance arrangements in place to monitor the quality of the service; however, clinical audits were not completed at the frequency detailed in the policy and had not picked up all of the issues.

Medicines were prescribed outside of clinic policy and this had not been identified as part of the audit process.

National Slimming & Cosmetic Clinics

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of National Slimming and Cosmetic Clinics – Newcastle on 19 June 2018. The inspection was carried out to check that improvements had been made at the service following our comprehensive inspection on 28 November 2017 and 15

December 2017. The inspection in 2017 identified that the service was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The team was led by a CQC pharmacist specialist and included a second pharmacist specialist.

During the inspection, we interviewed the registered manager and doctor. Reviewed documents and medical records.

Are services safe?

Our findings

Safety systems and processes

At the previous inspection, there were no records to confirm safeguarding training for doctors working in the clinic. At this inspection, we saw records to confirm that all doctors working in the clinic had completed safeguarding training during February and March 2018.

Staff personnel files demonstrated that there was a safe recruitment process.

Safe and appropriate use of medicines

The medicines Diethylpropion Hydrochloride and Phentermine 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 manufacturer's special 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 and Cosmetic Clinics (Newcastle), 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 found that medicines were not prescribed in line with the provider's policy and there was no information in the records to explain the decision to prescribe. For example, we saw one person over the age of 65 who was prescribed medicines not in line with the provider's policy with no clinical reason documented.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We checked twenty patient records and saw that information was collected during the initial consultation including past medical history, weight, height, blood pressure and any medicines the patient was taking. The doctor calculated the patient's body mass index (BMI kg/m²) at the initial consultation and waist circumference was measured if their BMI was below 30 kg/m². We found that target weights were not routinely set at their initial appointments and for some patients no targets were set at all. We also found that BMI and blood pressure (BP) were not always recorded on subsequent visits in line with the provider's policy.

The assessment protocol used by the clinic stated if a person's BMI was above 30 kg/m² they would be considered for treatment with appetite suppressants and if they had other defined conditions then treatment could start if their BMI was above 27 kg/m². The records showed that two people were prescribed medicines with a starting BMI less than 30kg/m² with no comorbidities recorded and no rationale recorded by the doctor. One of these was over the age of 65 years and was prescribed medicines not in line with the provider policy.

Monitoring care and treatment

Information about the outcomes of patients' care was collected by way of a six monthly quality assurance audit where 20 patient records were reviewed to identify and record weight lost since the start of treatment or since the last treatment break. There was no evidence that this audit had been completed since July 2017. A record card audit was also completed three monthly, these were signed off by a doctor. Some issues such as "Drs still forgetting to sign after 3 months" and "some details not completed in co-morbidities" had been identified in these audits but there was no action plan in place or review to confirm the issues had been addressed.

Consent to care and treatment

Consent to treatment was obtained from patients at the initial consultation and recorded on patient's medical cards. Patients had to sign to confirm they would inform clinic staff of any change in their health or circumstances and take reasonable precautions not to become pregnant during treatment with appetite suppressants. For five records, we looked at where patients returned after a break in treatment, consent was not obtained in line with the provider policy.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

The registered manager had worked at the clinic for many years and was respected by colleagues. 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. The registered manager worked collaboratively with other managers in the area however, they had a lack of authority within the service itself and there was a breakdown of relationships with the doctors that worked in the service on a sessional basis. For one issue the manager had asked the Provider to intervene and speak to the doctor involved on their behalf.

Governance arrangements

The clinic had a number of policies and procedures to govern activity and these were available to the doctors and staff. However, the doctors working in the service did not always follow these policies or clearly document the clinical reason for not following policy if they deviated from policy.

Managing risks, issues and performance

At the last inspection, we found that the Provider did not ensure that systems and processes are in place to effectively monitor and improve the quality of services being provided. We also found that this was still an issue at this inspection.

The registered manager had responsibility for the day-to-day running of the clinic and there were regular audits of different aspects of the service. However, the Manager, a non-clinician, completed the audits and the audit system did not identify the clinical concerns, which we saw.

The doctors signed the record card audits but were not fully involved in the audit process and there was no action plan in place.

The last record card audit available was dated 9 March 2018. At this audit, the manager documented that "doctors were still forgetting to sign after three months". This had also been identified on a previous audit. There was no action plan in place to address the issue. There was also no evidence to show that issues identified at previous audits were actioned.

We looked at the previous four dispensing sheet audits and all had the same action point, There was no action plan in place to address this issue. The manager had mentioned it to the doctors but found that they did not always respond to her management style.

The Provider's six monthly quality assurance audit was not completed at the frequency required by the provider's policy as the last audit available was dated 11 July 2017. This meant the provider had not assessed or monitored the quality and safety of the service they provided, meaning they were not able to identify and mitigate risks posed to patients who used the service.

Engagement with patients, the public, staff and external partners

The views of patients using the service were gathered through satisfaction surveys and informal feedback; however, no monthly customer survey analysis form had been completed since March 2018. One issue had been on all three of the previous monthly analysis forms. The manager said that this issue had now been addressed but no further analysis has been done to confirm that the issue was resolved.

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>How the regulation was not being met:</p> <p>The registered person had not ensured that care and treatment was provided in a safe way for service users. In particular, there were unsafe prescribing practices, prescribing did not always follow clinic policies and basic monitoring requirements were not always recorded.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation</p>

This section is primarily information for the provider

Enforcement actions

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that systems and processes were in place to effectively monitor and improve the quality of services being provided. In particular, audits failed to identify risks and clinicians were not fully involved in audit process to drive improvement.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>