

Gold Image Limited

446 Cranbrook Road

Inspection report

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Overall summary

We carried out a comprehensive inspection on 20 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 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.

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.

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.

Gold image limited provides weight loss treatment and services, including medicines and dietary advice to patients accessing the service. It is part of National Slimming and Cosmetic Clinics, with locations across the country. We carried out a comprehensive inspection at the location in Ilford on 20 June 2017. The service comprises of a reception, office areas, waiting room and clinical rooms. A toilet facility is available on the clinic premises. There were three doctors, a clinic manager, and a receptionist employed at the service. The clinic is on the ground floor in a central shopping location. The clinic is open from 10am – 2pm on Mondays, 10am – 8pm on Tuesdays to Fridays and 10am – 5pm on Saturdays.

The clinic had a registered manager in post. 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.

We received feedback about the clinic from 36 completed comment cards. The observations made on the comment cards were all positive and reflected that patients found staff to be helpful, encouraging, supportive and caring.

Summary of findings

Our key findings were:

- We found the service had good governance systems and quality assurance processes in place although these were not always used to drive improvement in patients care.
- The feedback we received from patients was consistently positive about the care they received.
- There were defined and embedded systems, procedures and processes to keep patients protected and safeguarded from abuse.
- There were systems and processes in place to monitor and improve the quality of services being provided.
- There were appropriately qualified staff in the clinic and staff felt supported to carry out their roles and responsibilities.

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

- Review how information is shared with other providers for those that had given consent, in order to keep people safe.
- 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 safeguarding policy to clarify the safeguarding lead.
- Review how clinical effectiveness is audited.

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 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 to people's needs?

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.

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Detailed findings

Background to this inspection

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.

Our inspection team was led by a member of the CQC medicines team, and was supported by two other members of the CQC medicines team. During the inspection, we spoke to people using the service, observed and interviewed staff members, as well as review of policies and documentations.

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 provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. We were told that there had been no incidents in the previous 12 months however on discussion with the provider during the inspection process we were told of one incident that was not recorded, although appropriate action had been taken.

We were told that safety alerts were received by the provider and relevant alerts were reviewed and actioned by the registered manager; no alerts had been actioned in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The service had an adequate safeguarding procedure and policy in place which informed staff of what to do and who to contact if they had a safeguarding concern. Staff understood what safeguarding meant, and some staff had undergone safeguarding training including the receptionist. The registered manager told us that the doctors working at the clinic had received level 3 safeguarding training.

There was no clear safeguarding lead outlined in the policy however the registered manager told us that they would take up the safeguarding lead role. This needs to be outlined within the policy and staff informed who the safeguarding lead is. Individual patient records were stored securely in the clinic.

Medical emergencies

This was a service where the risk of needing to deal with a medical emergency was low however, emergency medicines and equipment were available at the service and the provider had carried out a risk assessment of what medicines or equipment may be needed in the event of an emergency. The clinicians at the service had received basic life support training.

Staffing

We reviewed five personnel files, and found that recruitment checks had been undertaken prior to

employment. For example, proof of identity, confirmation of registration with the appropriate professional body, and appropriate checks through the Disclosure and Barring Service. (These 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). We checked that the doctors working at the service were registered with the General Medical Council (GMC). The service did not have a chaperoning policy. A chaperone service was available and advertised to patients in leaflets given to all new patients; however staff had not received any formal training for this role. The registered manager told us that the receptionist or the clinic manager would act as a chaperone if requested, although staff told us that they had not been asked to chaperone as no request had been made.

Monitoring health & safety and responding to risks

We saw evidence that medical, electrical equipment and fire safety equipment had been checked within the last 12 months, to ensure it was safe to use. We also noted that the service had done a number of risk assessments to monitor safety in the clinic; these included fire and safety risks arising from work related activities.

There were building and medical indemnity insurance policies in place. The buildings indemnity insurance policy was displayed in the reception area. We saw evidence that clinical staff had professional indemnity arrangements in place.

Infection control

The premises were clean and tidy. There was an infection control policy in place. There was no evidence that staff had undertaken infection control training although the risk of infection was extremely low. The registered manager told us staff cleaned the premises as part of their normal duties and we saw evidence of daily environmental checks and weekly cleaning logs.

The provider had carried out legionella testing, and the results were negative. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Safe and effective use of medicines

We were told by staff and records showed that appetite suppressants (diethylpropion hydrochloride and phentermine) as well as orlistat were prescribed to people

Are services safe?

who used the service. People could also purchase chromium tablets to 'regulate the metabolism'. There is very little evidence available to support the use of chromium.

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 Gold Image Limited 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.

Once medicines were received from the wholesalers, they were packed down into smaller quantities for supply to patients by the registered manager (who was also a GP) and the clinic manager. Each container had the batch number and expiry date printed on an attached label. Medicines were stored securely in appropriate cupboards in the consultation room. Medicines were kept safely in the possession of the prescribing doctor. We saw records that showed that staff checked medicines stock levels at the end of each working day. There were also weekly and quarterly medicines stock audits.

When medicines were prescribed, a dispensing label was attached that included the name of the medicine, instructions for use, the person's name and the date of dispensing. We saw that a record of the supply was made in each patient's handwritten medical record as well as on the clinic record sheet for that day. When medicines were initially supplied to patients, they were given written information about them. This information made it clear that the medicines being prescribed were unlicensed.

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

During the initial consultation, the clinician collected information regarding patient's identity and cross checked this with one form of identification (e.g. driving licence).

Then they used a proforma to complete a full medical history and physical examination and recorded blood pressure (BP), weight and height for each patient. Contraindications to treatment such as uncontrolled hypertension, serious medical problems and co-existing mental health conditions were also discussed. The proforma used included a space to record information relating to gynaecological and obstetric history in addition to information on eating habits.

There was also a patient declaration section which patients signed to say that they understood that they must not become pregnant during treatment, and they do not have any medical conditions (unless already declared).

We checked 10 patient records and were able to confirm that the medical history, weight, height and BP were taken at the initial visit. A body mass index (BMI) was calculated and target weights agreed and recorded. Weight and BP readings (if previously of note) were also recorded at subsequent visits.

Staff at the clinic was able to provide examples when patients were refused treatment. Some of the reasons for treatment refusal were:

- BMI of 23 (too low)
- BMI of 26 (too low)
- Patient breastfeeding
- Co-existing medical conditions (type 1 diabetes, depression)

There were limited evidence of audit to monitor the effectiveness of treatment provided. Staff told us that they

undertook a review of patients' weight loss every six months with the aim that patients lose on average half a pound every week. However we did not see evidence that these were used to further improve treatment outcomes. Patients received appropriate treatment gaps every 12 weeks.

Staff training and experience

The clinic had an induction programme for newly appointed staff that covered topics such as confidentiality, infection control and fire procedures. There were records to show that both the registered manager and the doctors had undertaken continuous professional development (CPD) in this area of practice.

We saw that the doctors' were registered with the General Medical Council and had completed revalidation and annual appraisals for staff working at the service.

Working with other services

As part of the consent form, patients were asked whether they wanted information to be shared with their own GPs. If they did not agree they could opt out by ticking a box on the consent form. We were told that in practice, information was never shared directly with patients' own GPs. Patients who consented for information sharing were provided with written information to give to their own GP but there was no guarantee that this happened.

Consent to care and treatment

Clinical records showed that consent was obtained from each patient before treatment was commenced. Patients were asked to sign a declaration before appetite suppressants were prescribed. This included the information that the appetite suppressants phentermine and diethylpropion were unlicensed but produced under a special licence. The provider offered full, clear and detailed information about the cost of consultations and treatments.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received 36 completed comments cards from patients to tell us what they thought about the service. All comments were very positive about the service experienced.

Patients told us that the service offered was excellent and staff were respectful, efficient, helpful and caring. Staff told us that people using the service were always treated with dignity and respect.

Consultations took place in a clinical room that maintained people's privacy at all times.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the provider was responsive to patient's needs and had systems in place to maintain the level of service provided. We saw effective systems to ensure that medicines and materials were kept in stock which avoided delays in assessment and treatment. The clinic was comfortable and welcoming for patients, and the facilities were suitable for the service provided. The consultation room was well designed and well equipped. The clinic gathered patient feedback via an online patient satisfaction survey. The management reviewed responses to assess if there were ways to improve the service.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us that they very rarely had patients with different communication needs and on occasion when the needs arise, the patients

would bring their own interpreter. The service was located on the ground floor of a unit in a busy high street therefore patients with mobility difficulties would be able to access the service. 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 from 10am – 2pm on Mondays, 10am – 8pm on Tuesdays to Fridays and 10am – 5pm on Saturdays. Patients could access services at the clinic with or without appointments as they also had a walk in service. Appointments could be made directly with the clinic or via the national call centre that was open six days a week. We saw that patients were not rushed at their appointments.

Concerns & complaints

The provider had a procedure in place for handling concerns and complaints. This information was available in the clinic waiting room. We were told there had been no complaints received 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

A statement of purpose was in place. The clinic had a number of policies and procedures in place and these were available for staff to use and review although some policies such as safeguarding and chaperoning should be reviewed. The service had quality assurance systems in place, which were reported and monitored by the provider.

Staff meetings took place regularly, which involved all staff, and in house training was delivered as part of these sessions.

Leadership, openness and transparency

Staff told us that there was an open culture in the clinic that encouraged candour, openness and honesty. The registered manager told us that there were opportunities to raise any issues of concern and staff were well supported and confident in doing so.

Learning and improvement

There was a systematic programme of internal audits to monitor quality and systems including medicines expiry date, stock, environment and cleanliness. For example, we saw that clinical records had been reviewed regularly.

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

The service encouraged and valued feedback from patients. The clinic proactively sought patient feedback following delivery of the service through an online patient satisfaction survey. We saw that the patients' satisfaction survey was reviewed by the national office and outcomes were sent to the clinic's registered manager. The practice manager told us that results from the survey were implemented to improve the service, such as provision of a tea and coffee machine, as well as drinking water.