

Slimfactor Limited

Slimmingmedics High Wycombe

Inspection report

1-3 Cornmarket
High Wycombe
Buckinghamshire
HP11 2BW

Tel: 01494 611096

Website: www.slimmingmedics.co.uk

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Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires improvement overall. Previous inspection November 2018 Not Rated

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Slimmingmedics High Wycombe on 5 June 2019 to rate the service and to follow up on breaches of regulations identified at the previous inspection.

Summary of findings

CQC inspected the service on 28 November 2018 and asked the provider to make improvements regarding their governance arrangements. We checked this area as part of this comprehensive inspection and found that improvements had been made, but this had not been fully resolved.

The Slimmingmedics High Wycombe clinic provides weight loss services, including prescribed medicines and dietary advice to support weight reduction.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Slimmingmedics High Wycombe provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these 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:

- Patients were positive about their experience at the clinic
- The clinic was in a good state of repair, clean and tidy.

- The provider maintained ongoing support and encouragement to patients using emails and text messages.
- There was a lack of monitoring of the quality of care delivered
- There was a lack of systems to monitor the suitability of staff for employment
- The system for obtaining medicines used in the clinic did not follow national guidance for the ordering of medicines stock.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure care and treatment is provided in a safe way to patients

The areas where the provider **should** make improvements are:

- Improve the prescribing of medicines and only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available
- Improve the arrangements for Infection Prevention and Control to include seeking assurances from the building's landlord.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Slimmingmedics High Wycombe

Detailed findings

Background to this inspection

How we inspected this service

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 CQC Pharmacist Specialist. The team also included another member of the CQC medicines team.

The Slimmingmedics High Wycombe clinic provides weight loss services, including prescribed medicines and dietary advice to support weight reduction. The clinic is located on

the first floor of a shared building in the town centre, and includes a reception area, a waiting room and one consulting room. The clinic is open for half a day twice week, on Wednesdays and Saturdays.

Prior to the inspection we reviewed information about the service, including the previous inspection report and information given to us by the provider. We spoke to the registered manager, clinical staff and reviewed a range of 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

We rated safe as Requires improvement because:

- Systems and processes did not ensure care was delivered in a safe way.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had not carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider told us that he had employed a temporary receptionist who was no longer working at the clinic. The provider told us that he had not carried out any pre-employment checks on this person and he did not have a recruitment record available for them. Disclosure and Barring Service (DBS) checks were not always 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). The provider had not undertaken DBS checks on the doctors themselves and told us that they had not carried out any risk assessment about accepting DBS checks carried out by other providers.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control. However, the provider had not obtained any assurance from the landlord of the premises that a Legionella Risk Assessment had been carried out.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The provider had carried out a risk assessment about the range of emergency medicines and emergency equipment to be kept at the clinic and how these could be accessed.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate arrangements in place to cover both professional indemnity and public liability.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not 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 not always available to relevant staff in an accessible way. Some of the records that we reviewed did not contain information about why a medicine had been prescribed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment did not always minimise risks. The provider did not follow national guidance for obtaining the medicines used in the clinic.
- The service carried out an annual medicines audit to ensure prescribing was in line with provider's practice guidelines for prescribing.
- Staff did not always prescribe, or supply medicines to patients and give advice on medicines in line with legal requirements and current national guidance. We saw that people were commenced on medicines where they had a lower Body Mass Index than indicated in the provider's policy. We also saw that for returning patients the records did not always record that the prescriber had confirmed that there were no changes to the patient's medical history. Processes were in place for checking medicines and staff kept accurate records of medicines.
- 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'.

Track record on safety and incidents

The service had good safety record.

- There were risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, and current picture that led to some safety improvements. We found that not all risks had been identified or addressed.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons, identified themes and acted to improve safety in the service. The registered manager showed us a log of events that had happened and how the learning from these events had been shared with the staff at the clinic.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Requires improvement because:

- Patients' needs were not effectively assessed and care and treatment was not provided in line with current legislation, standards and the provider's guidance.

Assessment and treatment

- Patients' immediate and ongoing needs were not fully assessed. We saw that the records did not always include target weights for patients.
- Clinicians did not have enough information to make or confirm a diagnosis. The records we reviewed did not record any changes to a patient's medical conditions when they returned from an extended break in treatment.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service did not use information about care and treatment to make improvements. The registered manager showed us a monitoring audit of medical records that had been completed in the last 12 months. There were no actions recorded to show that the clinic had learned from the result of this audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, but did not work well with other organisations, to deliver effective care and treatment.

- Patients did not always receive coordinated and person-centred care.
- Before providing treatment, doctors at the service did not ensure they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we did not see evidence of letters sent to their registered GP in line with GMC guidance. The registered manager told us that the clinic provided a letter for the patient to take to their GP but did not communicate directly with the patient's GP even where the patient had requested this to happen.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. The registered manager showed us examples of information sheets and links to web pages that were supplied to patients to provide appropriate lifestyle advice.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good:

- The feedback from patients was consistently positive about the service they received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Feedback received by the provider from patients stated that they felt supported by the service, although some feedback did say that they would prefer the clinic to be open at other times.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of respect and maintaining people's dignity.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The provider organised and delivered service to meet patients' needs in a timely way.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The registered manager told us that they had reviewed the opening hours of the clinic in response to feedback from patients and were looking at the possibility of adding additional clinic times.
- The registered manager showed us feedback from patient survey that had been conducted at the clinic and how they had considered the information contained within these.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The registered manager showed us that they had not received any complaints since our last inspection.

Are services well-led?

Requires improvement 

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

Our findings

We rated well-led as Requires improvement because:

- The leadership of the service did not effectively drive the delivery of a high-quality service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about some of the issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.
- There was an emphasis on the safety and well-being of all staff.
- There were positive relationships between the staff.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. At the last inspection we found that the provider had commenced annually reviewing a sample of patient records. At this inspection we found that the monitoring of patient records did not identify where these were not being completed correctly and information was missing. The records lacked target weights, reviews of medical history and rationale for prescribing outside of the provider's guidance. The monitoring had not identified ways of improving the completion of these patient records.
- Staff were clear on their roles and accountabilities
- Leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The monitoring of patient records had not identified the shortfalls in the record keeping process.

Are services well-led?

Requires improvement 

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

- The service had processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service did not act on appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was not always accurate and useful. There were no plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The registered manager showed us responses to surveys completed by patients and how they were looking at extending the clinic hours in response to these surveys.
- Staff could describe to us the systems in place to give feedback. The minutes of staff meetings showed that staff were able to feedback suggestions and showed how these were then followed up.
- The service was transparent, collaborative and open with stakeholders about performance.

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

Services in slimming clinics

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met

The provider did not have a system in place to obtain medicines for use in the clinic in accordance with national legislation

This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Services in slimming clinics

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met

The provider did not have an effective system or process in place to monitor the quality of the service provided.

This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Services in slimming clinics

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met.

The provider did not have a process in place to evidence that appropriate employment checks were in place for both new and existing staff.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.