

Meadowmedix Limited

# National Slimming Centres (Sheffield)

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 25 April 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

### Our key findings were:

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

- Review procedures for calibration of equipment including weighing scales.
- Review risk assessments with regards to medical emergencies.
- Review the procedure for recording and learning from near-misses.
- Review training requirements and records for all staff.
- Review the necessity for Chaperoning at the service and staff training requirements if necessary.
- 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 providing safe care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the safe provision of treatment. Risk assessments were limited in scope and no assessments had taken place regarding the need for emergency medicines or equipment. Medical equipment had not been calibrated.

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### **Are services effective?**

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

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have records and updated training for staff in safeguarding, infection control and basic life support.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations. People told us that they were treated with dignity and respect. Patients were supported to make choices about their care and treatment.

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### **Are services responsive to people's needs?**

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

We found areas where improvements should be made relating to the provision of treatment. This was because the provider did not have facilities to aid people with visual or hearing difficulties and only had written information in one other language. No interpreter service was available.

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### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the provision of treatment. This was because the provider did not document near-misses so these events could not be learnt from. Policies and procedures were in place however staff had not read and signed the updated documents.

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# National Slimming Centres (Sheffield)

## Detailed findings

## Background to this inspection

### 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 Centres – Sheffield clinic is based on the first floor of a shared building and is located near Sheffield city centre. The service comprises of a reception, office area and one clinic room. A toilet facility is available on the clinic premises. There is a Doctor and two receptionists who work at the service. The Doctor is 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. The service is open Tuesday 1.30pm to 3pm, Thursday 1.30pm to 3pm and Saturday 9.30am to 12.30 noon. Slimming and obesity management services are provided for adults from 18 to 65 years of age either by appointment or on a ‘walk-in’ basis.

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 Centre Sheffield 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.

We obtained feedback about the clinic from 34 completed Care Quality Commission comment cards. The observations made on the comment cards were all positive. Patients found staff helpful, approachable, and caring.

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

- Review procedures for calibration of equipment including weighing scales.
- Review risk assessments with regard to medical emergencies.
- Review the procedure for recording and learning from near-misses.
- Review training requirements and records for all staff.
- Review the necessity for Chaperoning at the service and staff training requirements if necessary.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The service manager was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. There was a system in place for reporting and recording significant events. Staff were able to tell us what they would do in the event of an incident and we saw that an incident form was available. We were told that there had been no incidents in the previous 12 months. We were told how reception staff checked medicines that had been prescribed before the patients left and that occasionally identified near misses. These were not recorded anywhere so no investigation or learning could take place. We were told that near misses would now be recorded so that they could be reviewed to consider how errors could be prevented from recurring.

We were told that relevant safety alerts would be received by email and actioned as necessary.

### Reliable safety systems and processes (including safeguarding)

The service had a safeguarding policy however this was not embedded and did not contain all relevant information to keep people protected and safeguarded from abuse. For example, it did not provide accessible information on a documented reporting system aligned to the local authority. Although the doctor could tell us about their responsibilities to report abuse, there was no evidence of adult or child safeguarding training for any clinic staff members however this was brought to the attention of the manager and certificates were provided after the inspection.

There was no evidence of Mental Capacity Act 2005 training, the doctor described the process they would follow if a person appeared to lack capacity, though no formal evidence could be provided to show when training had last occurred.

Appointments were booked using a computerised system. Patient's medical information and medicines supplies were recorded manually and stored in a secure office space. Access to the medical records was restricted to protect patient confidentiality.

### Medical emergencies

This is a service where the risk of needing to deal with a medical emergency is low however no risk assessment had been carried out with regards to what may be needed in the event of a medical emergency. No procedure was in place. The doctor was trained in advance life support, however, the reception staff had no basic life support training. This meant life support could not be provided if the doctor was absent.

### Staffing

There was adequate staffing to meet the demands of the service.

We reviewed three personnel files and found that recruitment checks had been undertaken prior to employment. These checks included registration checks with the appropriate professional body and checks through the Disclosure and Barring Service (DBS) as appropriate. (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 Doctor working at the clinic was registered with the General Medical Council and had professional indemnity insurance.

Staff had undertaken training in handling medicines and this was reviewed as part of their annual appraisals.

We were shown the clinical care protocol that was followed to ensure safe care and treatment.

The service did not have a chaperoning policy. This service was not provided and no assessment had taken place to identify its need. Staff told us that they had not been asked to chaperone.

### Monitoring health & safety and responding to risks

A risk assessment had taken place for monitoring and managing risks to patient and staff safety, however this was limited in scope.

We saw evidence that electrical equipment was checked to ensure it was safe to use, and fire safety equipment had been serviced in accordance with manufacturer's recommendations.

### Infection control

The premises were clean and tidy. There was an infection control policy in place. There was no evidence that staff

# Are services safe?

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 but no daily records were kept as detailed in the policy and no regular infection control audit had been completed. Staff had access to alcohol gel and there were supplies of examination gloves in the consultation room; however, there was no sink or handwashing facilities. Staff and service users had access to a toilet on the second floor where handwashing facilities were available.

We saw that policies were in place for the management of waste and safe disposal of sharps. The service held an on-going contract with a clinical waster contractor. We saw that waste was segregated appropriately but dates were not recorded as per the waste management policy.

## Premises and equipment

The service was located on the first floor of a shared building and consisted of a small reception area, a private clinic room, and an office. The clinic also had access to a toilet. The premises were in a good state of repair.

There was a fire evacuation policy displayed in the waiting area. Fire equipment had recently been serviced. Staff had completed fire training however; this had taken place in 2008. We were told that the building maintenance company tested the fire alarm on a regular basis but no records were kept. Staff knew where the assembly point was in the event of a fire but no fire evacuation drill had taken place.

We found that weighing scales and a blood pressure monitor in the clinic room had not been calibrated and there was no calibration schedule in place. This meant that we could not be sure that the measurements being recorded during consultations were accurate.

## Safe and effective use of medicines

This service prescribes Diethylpropion Hydrochloride and Phentermine.

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 National Slimming Centre (Sheffield), 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 checked how medicines were stored, packaged and supplied to people at National Slimming Centres (Sheffield). We saw medicines were stored securely with access restricted to authorised staff. Medicines were ordered and received appropriately. The medicines were packaged into appropriate containers under the supervision of the doctor. We saw the orders and receipts for medicines supplied to the clinic.

When medicines were prescribed, they were supplied in appropriately labelled containers, which included the name of the medicine, instructions for use and the name of the person. A record of supply was also made in the patient's records.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

At the initial consultation, each person completed a medical history form, which identified if they had any other illnesses or were taking any prescribed medicines. During the initial consultation, the following was collected; weight, height, blood pressure and people were questioned around their eating habits. Blood glucose levels were routinely measured at the first appointment, if high readings were recorded then service users were referred to their GP. The doctor also checked for contraindications to treatment.

We checked 37 people's records and saw that they had health checks completed on their first visit and the required assessments were carried out and recorded at subsequent visits. Information was recorded about contraindications and assessments were recorded. Their body mass index (BMI) was calculated and target weights were agreed and recorded.

The assessment protocol used by the clinic stated if a person's BMI was, greater than 30 then they would be considered for treatment with an appetite suppressant. If they had comorbidities then they could be offered treatment if their BMI was greater than 27. All records we reviewed were within these parameters. If their BMI was below the prescribing threshold then they would be offered dietary advice and also offered a herbal supplement, which was for sale.

The doctor explained how treatment breaks were used by the clinic for people who had been attending for long

periods of time. We saw evidence of treatment breaks in the clinic records. Reassessment was completed when a patient returned after a break to ensure that their medical history had not changed this was documented in their notes.

### Staff training and experience

We were shown records of staff appraisals and training. Staff had undertaken internal training on handling medicines and preparing and filing clinical records. However, staff had not received basic life support, safeguarding or infection control training.

Proof of revalidation was seen within personnel files for the doctor.

### Working with other services

People were asked before treatment commenced if they would like their GP informed. Records were kept which showed when this information was shared.

If abnormal blood pressure or blood glucose recording occurred, the doctor described how people would be encouraged to attend their GP for further investigation.

### Consent to care and treatment

Staff sought patients consent to treatment and this was reviewed after any periods of absence. Consent was clearly documented in the patient's records.

The service offered full, clear and detailed information about the cost of consultation and treatment including the costs of medicines.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed staff at the clinic being polite and professional. Staff told us how they would protect patients confidentiality.

Patients completed CQC comment cards to tell us what they thought about the clinic. All comment cards were positive about the clinic staff and services and reflected satisfaction with the treatment they received at the service.

### **Involvement in decisions about care and treatment**

We saw a range of information available for people who attended the clinic. Patients indicated in the comment cards that they were involved in the decision-making and had sufficient time in their consultations to make informed decisions about the treatment choices.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found that the provider was responsive to patient's needs. A procedure was in place to review customers surveyed and feedback was acted upon. We saw that systems were in place to ensure that medicines and materials were kept in stock to avoid delays in assessment and treatment.

The facilities were comfortable and welcoming and reception was always staffed during opening hours. The consultation room was well designed and contained appropriate equipment.

### Tackling inequity and promoting equality

The treatments available at the clinic were only available on a fee basis. Information on alternative methods of weight loss, such as diet and exercise, was available free of charge.

We asked staff how they communicated with patients who spoke another language. Staff told us that they were not aware of the availability of an interpretation service but had leaflets for certain styles of diets according to people's

preference. Staff were not aware of different translating services available and no risk assessment had taken place looking at the different options in the event that this occurred.

The service was located on the first floor and was accessed via a flight of stairs. No lift was available. Where the service was unable to provide services to patients with mobility difficulties, details of alternative services were provided. 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

Appointments were available at varied times on both weekends and weekdays.

### Concerns & complaints

There was a complaints policy at the service, which provided staff with information about handling customer complaints. Patients could access information in the clinic reception area regarding the process for complaints. This included information about other agencies to contact if a patient was not satisfied. We reviewed the complaints system and saw it was reviewed every six months. We were told that there had been no complaints received by the clinic 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

The service had a registered manager who was also the doctor. 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.

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. The documents had recently been reviewed and updated, however staff had not signed to say they had read the updated documents.

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

We reviewed employment records and found that appropriate checks had taken place. Records were comprehensive and staff had annual appraisals.

### Leadership, openness and transparency

The registered manager told us how concerns would be addressed and how this would be completed in an open and honest manner. An example of how the service responded to a concern which had been raised was

described; this was acted on in an open and transparent manner. Reception staff felt confident to raise concerns with the registered manager and staff could describe how they would respond to raised concerns.

### Learning and improvement

There was a systematic programme of internal audits to monitor quality and systems, including medicines management, risk assessment, clinical governance and clinical records. For example, we saw that clinical records had been assessed every three months. However, environment and cleanliness were not part of the audit programme.

There was a system in place to review significant events, but incidents that were near misses were not recorded. We were told that recording and learning from near misses would be introduced.

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

The service encouraged and valued feedback from patients. The clinic completed a client satisfaction survey, which was reviewed every six months.

The registered manager discussed the service with staff at their annual appraisal and this was documented in their feedback forms.