

Slim Holdings Limited

446 Cranbrook Road

Inspection report

446 Cranbrook road
Ilford
Essex
IG2 6LL

Tel: 020 8518 6020

Website: <https://theslimmingclinic.com/weight-loss-clinics/ilford/>

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Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall. (Previous inspection September 2017 – not rated.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at 446 Cranbrook Road under Section 60 of the Health and Social Care Act (HSCA) 2008 as part of our regulatory functions. This was part of our inspection programme to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to rate the service.

446 Cranbrook Road provides weight loss services, including prescribing medicines and dietary advice to support weight reduction. One of the doctors is the

Summary of findings

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. We received 22 completed CQC comments cards from patients to tell us what they thought about the service.

Our key findings were:

- Patients using this clinic were very positive about the service and felt listened to.
- Reviews were in place to monitor the effectiveness of treatment provided.
- The systems for monitoring medicines fridge temperatures did not provide assurance that medicine stored in the fridge were safe to use.

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

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available.
- The provider should review arrangements for people who do not have English as a first language.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

446 Cranbrook Road

Detailed findings

Background to this inspection

446 Cranbrook road provides weight loss treatment and services (including prescribed medicines and dietary advice) to support weight reduction. It is now part of Slim Holdings Ltd and there are over 20 other locations across the country. The service is located on the ground floor of a building close to Gant's Hill underground station. The premises consists of a reception / waiting area, and two consulting rooms. A toilet facility is available on the clinic premises. The service is open all day on Mondays, Tuesdays, Thursdays and Fridays, and open half days on Wednesdays and Saturdays. The service employed three doctors and two receptionists. One of the doctors was also the registered manager.

How we inspected this service

Prior to the inspection, we reviewed information about the service, including the previous inspection report and information given to us by the provider. We also spoke to the staff and people using the service 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. For example, staff were not recording the minimum and maximum fridge temperatures. In addition, when temperatures were outside of the maximum range, staff did not take appropriate action. Therefore, the service was unable to be assured that medicines requiring refrigeration were safe and /or effective when used.

The provider sent us information to show us that this safety concern was rectified soon after our inspection. (See full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

The service had 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. They outlined clearly who to go to for further guidance. The registered manager was the safeguarding lead for this clinic. 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.
- Whilst the service did not treat children, there were systems in place to assure that an adult accompanying a child had parental authority. We saw a notice in the clinic about this.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- During the last inspection, we saw that a chaperone service was offered despite the fact that staff were not

trained in this area. During this inspection, staff no longer offered to act as chaperones, and had not been trained in this area. We were told that the provider was due to provide chaperone training to staff imminently. A chaperone service would then be offered to clients.

- There was an effective system to manage infection prevention and control. A legionella risk assessment had also been conducted. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. Each client who was prescribed an injection was provided with a sharps disposal bin.
- The provider carried out appropriate environmental risk assessments, which took into account 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 skill mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The doctors and one of the receptionists were trained in basic life support.
- There was a first aid kit kept on site. There were no other items for emergency use and there was an appropriate risk assessment to inform this decision.
- The doctors and the provider had appropriate professional indemnity arrangements in place to cover the activities at the clinic.

Information to deliver safe care and treatment

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

- 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.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians refused treatment in line with protocols and up to date evidence-based guidance.

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, including controlled drugs, did not minimise risks. Staff did not have an effective system to ensure that fridge medicines were maintained within their recommended temperature range. This was because the fridge temperature readings were not being managed appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and the providers guidelines. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance, there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.
- 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 a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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. We saw evidence of an incident log. 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 and shared lessons, identified themes and took action to improve safety in the service. For example, there was an incident where a client had been provided with the wrong medicines. Staff reviewed how this happened and reinforced that medicines should be double checked by two people before being given out.
- 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal apology.
- They kept written records of verbal interactions.
- 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.

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 guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and physical wellbeing. Staff did not specifically ask about body dysmorphia or suicidal thoughts.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the service conducted a quality assurance review to check for evidence of weight loss in a sample of clients. The service was able to show that 100% of eligible clients were losing weight. The service used the findings of this review to make improvements to the service. However, when the quality assurance review was repeated, a different patient sample was used and therefore it was not a completed audit.
- The service had a plan to conduct quality improvement activity more frequently and across different locations.

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. The clinic was transitioning to an electronic human resources system which would hold all training and certificates for all staff.
- Relevant medical professionals were registered with the General Medical Council 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, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, where consent was given, staff communicated with the patients GP by letter or encrypted email.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- Staff told us that patient information was shared appropriately. This included when patients moved to other professional services. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on a treatment plan. For example, those prescribed an injection for weight loss were reviewed on a weekly basis.

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. We saw that people were given lifestyle advice and some people received diet leaflets.
- Risk factors were identified and highlighted to patients. For example, the side effects of the prescribed medicine were explained and people were given a patient information leaflet.

Are services effective?

(for example, treatment is effective)

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded patients' mental capacity to make decisions.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback from patients.
- Feedback from patients was positive about the way staff treat 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 not available for patients who did not have English as a first language. However, patients were welcome to bring a friend or relative who could translate to the clinic with them. In addition, a patient information leaflet was available in Polish.
- Patients told us through comment cards, that they felt listened to and supported by staff. They also had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All consultations took place in a private room away from the reception and waiting area.
- 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

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. For example, clients had expressed that the clinic should consider opening on Monday afternoons to improve access. As a result, the clinic now opened all day on Mondays.
- 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 and treatment.
- The clinic provided an appointment and walk in service. However, most clients booked an appointment before attending. The clinic had increased the appointment length so that staff had longer with clients. An initial

appointment was now 40 minutes and a follow up appointment was 10 minutes. (Previously, appointments lasted 20 minutes and five minutes respectively.)

- Waiting times, delays and cancellations were minimal and managed appropriately. When the clinic had to close at short notice, all clients received a call to apologise and rearrange their appointments.

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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Some clients had complained about the change in pricing for an initial prescription. Clients were only able to purchase a month's supply of their weight loss injection at a time. The provider told us that this was an attempt to improve compliance and patients were signposted to other services.

Are services well-led?

Good 

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

Our findings

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider was able to demonstrate that governance meetings were held for all the registered managers and doctors that worked for the organisation. We saw that incidents and complaints were discussed at these meetings.

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. There were regular meetings before each clinic started. Staff used these meetings for various issues for example, specific clients' needs, emails requiring action and company targets.
- 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.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw examples where clients were unhappy with changes to the pricing structure.
- 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 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.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders had oversight of incidents, complaints, and safety alerts.
- The service had processes to manage current and future performance.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- There was evidence that the provider was reviewing services to improve quality.

Appropriate and accurate information

Are services well-led?

Good 

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

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were 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, the public, staff and external partners to support high-quality 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. For example, the clinic now provided fresh fruit in reception as suggested by a member of staff.
- Staff could describe to us the systems in place to give feedback. For example, a survey was given to clients and the results used to shape services. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent and collaborated with other slimming clinics from the same provider to ensure a high quality service was provided.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff were encouraged to come up with new ideas.

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 provider did not have an effective system and process to ensure medicines requiring storage in a fridge are maintained within their recommended temperature range.</p> <p>This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>