

Slim Holdings Limited

# National Slimming & Cosmetic Clinics

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 20 February 2018 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 not 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.

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 and Cosmetic Clinics – Hounslow 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.

National Slimming and Cosmetic Clinics – Hounslow is a private slimming clinic. The clinic is on the third floor accessed by stairs. The clinic is comprised of a reception area and two consulting rooms. The clinic was open on Monday from 3.30pm to 6.30pm, Tuesday Wednesday

# Summary of findings

and Friday from 10am to 2pm and Saturday from 9.30am to 1pm. The clinic was closed on Thursday and Sunday. The clinic provides advice on weight loss and prescribed medicines to support weight reduction.

Staff included a clinic manager, a receptionist and three doctors. A locum doctor was working on the day of our visit. The registered manager was not currently working at the service. 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.

19 people provided feedback on the service via CQC comment cards, all of the comments on the service provided and the staff were positive.

## **Our key findings were:**

- Staff told us they enjoyed their work and were supported to carry out their roles and responsibilities.
- Patient feedback was positive about their experiences at the clinic.
- The provider had systems in place to monitor the quality of the service being provided.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- 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.
- Review the appropriateness of using family members for translation.

# 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.

The clinic had processes for reporting, learning, sharing and improving from incidents. Accurate and contemporaneous clinical records were kept. The clinic was clean and tidy and infection control audits were undertaken.

We found areas where improvements must be made relating to protecting people from abuse and improper treatment. This was because the provider had not maintained records of safeguarding training for relevant staff. A system for monitoring fridge temperatures where medicines are stored was not in place.

### **Are services effective?**

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

Patients were screened and assessed prior to treatment by a doctor. The clinic contacted patients' GPs to share relevant information when patients gave permission. Where treatment was contraindicated doctors declined to treat patients. Staff at the service ensured that individual consent was obtained prior to treatment. The clinic conducted audits of treatment outcomes.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

Patients were very positive about their experiences at the clinic. They told us that they felt well supported throughout their care and were treated with dignity and respect.

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

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

The clinic has a system in place for handling complaints and learning from complaints was shared in the service. The facilities and premises were appropriate for the services being provided. The clinic made provisions for patients whose first language was not English.

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

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Staff felt supported to carry out their duties. Guidelines and policies were in place covering all areas of the service provision. Staff were able to describe how they would handle safety incidents and were aware of the requirements of the Duty of Candour. The provider sought the views of patients and used this information to drive improvement.

We found areas where improvements must be made in relation to governance. The provider did not have appropriate training records to evidence that staff had the necessary skills and competence to carry out their roles. Additionally the provider did not have evidence of regular appraisals for all staff working in the service.

The registered manager was not currently working in the service. The clinic manager was in the process of becoming the registered manager. However CQC had not been informed of this change.

# National Slimming & Cosmetic Clinics

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection on 20 February 2018. The inspection was led by a CQC Pharmacist Specialist supported by another Pharmacist Specialist.

Before the inspection we asked the provider to send us preliminary information via the Provider Information Request however this was not done. During the inspection we gathered information by speaking to staff and patients, observing the activities taking place and reviewing documentation.

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

### Safety systems and processes

A safeguarding policy was in place and contacts for the local authority safeguarding team were available to staff. Staff were able to describe their roles and responsibilities in relation to safeguarding and how to deal with and escalate safeguarding concerns. Staff had access to local contacts for safeguarding team and could describe how and when to contact them. The clinic manager, who was in the process of becoming the registered manager, was the safeguarding lead. However we saw that the provider had no records confirming that staff had received the required training in relation to safeguarding.

Staff personnel files showed that Disclosure and Barring Service checks had been completed for the doctors employed at the service in line with the clinic's policy. Recruitment checks had been undertaken prior to employment. We saw that Doctors who were regularly employed by the service were registered with the General Medical Council and were up to date with revalidation. However on the day of the inspection a locum doctor was working but the service had no records of training or registration for this professional. Following the inspection we confirmed that this professional was registered and licenced to practice.

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.

An infection control policy was in place. We observed that the premises were clean and tidy. A staff cleaning schedule was in place for daily and weekly cleaning activities. The provider had a risk assessment in place for control of Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Risks to patients

Staffing arrangements at the clinic were adequate to meet the needs of the patients. A clinic manager, three doctors, and a receptionist staffed the clinic. A regular locum doctor was used to cover sessions when the other doctors were not available.

In the event of a medical emergency it was the provider's policy to call 999, staff were aware of the urgent care

provision in the area. No emergency equipment was stored at the premises. Doctors working in the service had Basic Life Support Training. A risk assessment was in place to support this process.

Professional indemnity arrangements were in place for all clinical staff.

### Information to deliver safe care and treatment

Patient's records were stored appropriately and access to records was restricted. The records were contemporaneous and accurate. There was a process to share records with the patient's GP when the patient gave their consent.

Prior to beginning treatment the patients' identity was confirmed using suitable photo identification.

### Safe and appropriate use of medicines

We were told by staff and records showed that appetite suppressants (diethylpropion hydrochloride and phentermine) were prescribed to people who used the service.

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 manufacturer's special licence. Medicines made in this way are referred to as 'specials' and are unlicensed. MHRA guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine.

At National Slimming Clinics Hounslow, we found that patients were treated with unlicensed medicines. Treating

## Are services safe?

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 version 71 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.

People could also purchase the medicine Orlistat which blocks fat absorption. The supplement chromium could be purchased to aid appetite suppression. There is very little evidence to support the use of this supplement.

The clinic was in the process of implementing a new service at the clinic – the supply of Saxenda injection (a medicine used for weight management in conjunction with a reduced calorie-diet and increased physical exercise). The provider was developing training for all staff on the use of this medicine and at the time of our visit doctors were not yet able to prescribe the treatment for patients. On inspection we found that although this injection was correctly stored in the fridge, no temperature monitoring records were maintained to demonstrate that this medicine was stored in accordance with its product license. We informed the clinic manager about this and they immediately ordered a suitable thermometer during the inspection.

Medicines were packed down into small quantities for supply to patients by the registered manager in the presence of the clinic doctor. Medicines were stored securely in an appropriate cupboard in the clinic room. There was one set of medicines keys. It was held by the clinic doctor at all times. If the usual clinic doctor was not working, the keys were placed in a locked safe and stored by the clinic manager until they were accessed by the

locum doctor. The key was then signed for by the locum doctor, until it was handed back to the clinic manager. This meant that at all times, there was an audit trail available of who was in possession of the medicines keys.

During the clinic opening hours, medicines for immediate use were kept in a drawer in the possession of the clinic doctor. We saw records that proved staff checked medicines stock levels at the end of each working day. A weekly stock check was also carried out to provide assurance that all medicines were accounted for.

When medicines were prescribed by the clinic doctor they were supplied in labelled containers. They were labelled with the name of the medicine, instructions for use, the patient's name and date of dispensing. We saw that a record of the supply was made in the patient's handwritten medical record. In addition, the clinic doctor made a record of what medicines had been prescribed and dispensed each day. When medicines were supplied for the first time, patients were given written information about the products.

We reviewed 13 patient records, and saw that no patients under the age of 18 were prescribed medicines for weight loss. We also noted that patients were given appropriate treatment breaks.

### **Track record on safety**

A policy was in place to support incident reporting, staff were aware of their responsibilities in relation to this policy. There had been no safety incidents at the Hounslow location in the last 12 months. A system was in place to act on national patient safety alerts.

### **Lessons learned and improvements made**

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 and acting on notifiable safety incidents.

The provider distributed a quarterly Incident Sharing Briefing, which was communicated to each location. At the Hounslow location the clinic manager shared this briefing with staff to ensure learning from incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

Prior to the consultation each patient completed a medical history and signed to consent to treatment. The form also asked whether patients wanted information to be shared with their own GP.

During the initial consultation, the clinic doctor checked the blood pressure (BP), weight and height of each patient. The doctor also checked for contraindications to treatment such as co-existing mental health conditions.

We checked 13 patient records. A body mass index (BMI) was calculated and in some cases, target weights agreed. Target weights were not always recorded. We were told this was because they sometimes made patients 'try too hard' and they ended up gaining weight. BMI, weight and BP readings were also recorded at subsequent visits.

Staff kept records of instances when patients were refused treatment. Examples of reasons for treatment refusal were: low BMI, high BP readings and a patient taking medicines for depression.

### **Monitoring care and treatment**

The clinic routinely audited the outcomes of patient care and treatment. The most recent audit included 20 patients and showed 17 had achieved the desired outcomes of treatment. Additionally the clinic conducted regular audits to ensure effective clinical record keeping and medicines management.

### **Effective staffing**

Staff induction included health and safety, fire and infection control. However staff were unable to show us records of having received this induction. Staff appraisals were due to be undertaken annually. However we were not able to see records of any appraisals beyond 2016.

The provider told us that training was in development for doctors on the use of Saxenda. This new treatment was being introduced to the clinic over the coming months.

### **Coordinating patient care and information sharing**

Consent to share information with the patients GP was sought. If patients did not agree to information sharing they were given an information letter detailing the treatment given which they could share with their GP if they chose.

### **Supporting patients to live healthier lives**

A range of dietary advice was available to patients to help with weight loss. Various leaflets were available in the reception area. Patients who were unsuitable for treatment because of high blood pressure or high blood sugar levels were advised to arrange an appointment with their GP. If the patient consented the clinic would write directly to the patients GP.

### **Consent to care and treatment**

Prior to commencing treatment patient's consent was sought and documented in the patient's record. The service offered written information about the cost of consultation and treatment including the costs of medicines prior to treatment being started. Additionally people were given written information that the appetite suppressants phentermine and diethylpropion were unlicensed medicines. Posters and leaflets in the reception area also contained information about unlicensed medicines and the cost of treatments.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

All the feedback from patients about the service and staff was positive. We observed staff interacting with patients and saw they behaved politely and professionally.

Consultations were conducted in a private consultation room. The door was closed during consultations and conversations could not be heard from outside the consultation room.

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

We saw that there were a variety of information leaflets available for patients to take away from the clinic including

information about exercise and nutrition. All patients who were prescribed medicines were given the corresponding patient information leaflet. People told us they felt they had sufficient time in consultations to make informed decisions.

### **Privacy and Dignity**

Consultations were conducted in a private consultation room with the door closed. An additional consultation room was available which the clinic manager could use to talk to patients privately if needed, for example in the event of a complaint.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

The service was located on the third floor of the building with no lift access. During initial telephone contact staff explained to people the access to the building before making appointments.

The clinic manager told us that patients whose first language was not English brought a family member to act as a translator. The service also provided various patient information leaflets in other languages when required. No additional facilities were available for patients with hearing impairments such as a hearing loop or leaflets in large print or braille.

### **Timely access to the service**

The clinic was open five days a week. Appointments were available at various times and the clinic had amended its opening hours on a Monday to provide late afternoon/ evening appointments following feedback from service users. People accessing the service were able to make an appointment by phoning the clinic.

### **Listening and learning from concerns and complaints**

A policy was in place covering complaints. Information about how to make a complaint was clearly displayed to patients in the waiting area. Staff were able to tell us how people could make complaints and the clinic manager explained how complaints would be dealt with. The manager could describe how learning from complaints was shared with all staff.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

Policies and procedures covering activities undertaken by the clinic were available to all staff. Staff told us that they felt supported to carry out their duties and explained that senior staff were available to support any questions or concerns. The clinic manager was available daily to support staff. Support was also provided by the team at the providers Head Office.

The registered manager was not currently working in the service. The clinic manager was in the process of becoming the registered manager. However CQC had not been informed of this change.

### Vision and strategy

No documented vision or strategy was in place for the service. However staff explained that the vision of the service was to offer the best care possible to patients and to support their weight loss journey. Staff felt this led to improved quality of life for their patients and improved self-confidence.

### Culture

Staff were aware of their responsibilities under Duty of Candour and the culture of the service encouraged candour, openness and honesty. Staff were proud to work at the clinic and enjoyed their roles. Quarterly staff meetings were in place. Feedback from patients confirmed the clinic's focus on providing a positive patient experience.

### Governance arrangements

A program of internal audit demonstrated a commitment to the practices on-going quality assurance and quality improvement programme. Outcomes and lessons learnt following significant events and complaints were shared with staff.

We found areas of concern with the governance arrangements. During the inspection the service was

unable to show complete records of training and induction for all staff members. The provider was unable to show records of some staff members completing the required levels of safeguarding training. . No records were available for the locum doctor.

Policies and procedures were available covering all activities in the clinic. Staff knew how to access these policies and were aware of their contents. Staff were able to describe their roles and responsibilities in relation to these policies and procedures, including in relation to safeguarding.

### Managing risks, issues and performance

The service policy was to conduct annual appraisals. However during our inspection staff were not able to show records of appraisals dated beyond 2016.

Systems to manage poor performance were in place. These issues would be dealt with by the providers medical director when in relation to a doctor.

### Engagement with patients, the public, staff and external partners

The service undertook six monthly client satisfaction surveys and used the results to drive service improvements.

Staff told us that they felt able to suggest changes and improvements to the service and that they felt managers listened to their views.

### Continuous improvement and innovation

Staff told us about recent changes to the service that had been made in response to the client satisfaction survey. The clinic opening times had been changed to provide evening appointments.

The outcomes of investigations of incidents and complaints from other clinics operated by the provider were shared and discussed by staff in the Hounslow clinic.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• Clear records were not maintained of training and induction received by staff.</li><li>• No checks had been undertaken of the locum doctor working at the service.</li><li>• Regular appraisals did not take place.</li></ul> <p>There were no system or process that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Systems were not in place to monitor the temperature of fridges where medicines were stored.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>