

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

National Slimming Centre (Northampton)

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Strapfield Limited t/a National Slimming Centres (Northampton)
Registered Manager	Ms. Helen Radomilovic
Overview of the service	National Slimming Centre (Northampton) provide advice and medication to aid slimming
Type of service	Doctors consultation service
Regulated activity	Services in slimming clinics

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We spoke with two people who used the service. They told us they had used the clinic for a long period and had had regular breaks in treatment. They told us their health had been assessed by the doctor.

We found that people had consented to their treatment and had their assessments recorded. We found that not all the procedures relating to medication to be satisfactory.

We found that staff had not received adequate support and training.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 01 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the records for 12 people who used the service. We saw that the centre provided information about the types of medication to people so that they may make informed decisions about their care.

We saw that people were advised to inform their GP of the treatment they were receiving from the centre. We found evidence of people giving their consent for the centre to contact their GP to inform them of their treatment. Some people had chosen not to consent to inform their GP, and the clinic had respected their wishes.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced treatment and support that met their needs.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at the records for 12 people who used the service. We found that they had been assessed for their suitability for treatment. The doctor had assessed their medical and mental health history, taken their blood pressure and weight. The records showed that where people had breaks in treatment they had been reassessed. We spoke with two people who used the service; they told us that they had discussed diet and exercise with the doctor, before being prescribed medication. We found that these conversations had been reflected in their records.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, recording, handling, prescribing and storage of medicines prescribed to aid weight loss. We looked at the processes in place for checking that all the medication was accounted for. We found that the staff had recently changed their procedure for checking the medication. We saw that there had been errors made in the recording of the medication during the time the procedure had changed. However, we observed their procedure for checking the medication and found that the practice we observed was sound and was carried out regularly by a doctor and a member of staff.

We saw that the centre had made provision to destroy out of date medication in an appropriate way.

Medicines were not always safely administered. We spoke with one person who told us they had been prescribed medication to be taken every other day. We looked at the records and found that they correlated with the person's understanding. However, when we looked at the bottle of medicine we found that there were two conflicting sets of instructions. This meant that there was a risk that people would not take their medication as prescribed, as the instructions on the medication bottle were not clear.

The centre also sold a nutritional supplement that was presented in unlabelled bottles. There was no information on the bottle to indicate what the tablets were, how to take them or what they were for. This meant that people would buy these supplements without knowing what was in the bottle and how to take them safely.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Staff had not received the support or training required to meet people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff did not receive appropriate professional development. We spoke with staff who told us they had received training from the company in the form of informal meetings. We looked at the files for four members of staff. We saw that some staff had received training in policies and procedures that covered management, fire, first aid, equipment, medication and hygiene. However not all staff who handled medicines had evidence that they had received training in management of medicines. We asked to see the training records and found that there were no records held at the location or at head office. This meant that there was a risk of medication errors as the staff who were not trained to handle medicines were handling medicines.

We found evidence that only one staff member had received a yearly performance review. We saw that there had been areas of improvement identified; however, these had been not been followed up since the review in March 2012. We saw no other appraisals in the files of the medical and clerical staff. This meant that staff had not received any formal support.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw evidence that the doctor made the clinical decisions about the medication that was prescribed.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. We looked at the quality monitoring systems for medication, and quality. Some of the audits were sent to their head office for analysis. The Manager told us they did not have any information or feedback about these audits as this was not supplied by the head office. This meant that staff could not act upon the findings of the audits as there had been no feedback of the analysis.

We looked at the audits of people's records, consent and peoples comments. We saw that these were summarised and an action plan had been produced with a completion date signed off by the person responsible for each action. The manager told us that these were discussed at staff meetings; however, there were no minutes of what was discussed at the meetings. This meant that there was no record of the actions that had been taken to improve the service.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

Records relating to the management of the centre did not accurately record information that was required to protect people from the risks of unsafe or inappropriate care and treatment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at the records for 12 people who used the service. We saw that these were complete and reflected the assessment and treatment that had been provided. Records were kept securely and could be located promptly when needed. We saw that all records were kept in locked cabinets.

Records relevant to the management of the services were not always accurate or fit for purpose. We looked at the twice weekly medication checks and found them to be inaccurate. We saw that on some occasions these checks had not been signed, and on other occasions blank entries of the sheets had been signed. This meant there was a risk that the records did not show an accurate account of the medication.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Services in slimming clinics	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 13.
Regulated activity	Regulation
Services in slimming clinics	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: The provider did not ensure that staff received appropriate training, professional development, supervision and appraisal. Regulation 23 (1)(a).
Regulated activity	Regulation
Services in slimming clinics	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider did not have effective systems in place to regularly assess and monitor the services provided. Regulation 10 (1)(a).

This section is primarily information for the provider

Regulated activity	Regulation
Services in slimming clinics	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	<p>Records</p> <p>How the regulation was not being met:</p> <p>The provider did not hold accurate records of management of medicines. The provider did not keep appropriate records relating to personnel files and staff meetings relating to actions taken in response to audit findings. Regulation 20(1)(b)(i)(ii).</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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