

Review of compliance

Strapfield Limited t/a National Slimming Centres
(Northampton)
National Slimming Centre (Northampton)

Region:	East Midlands
Location address:	1st Floor, Lion House 10-12 Wellington Street Northampton Northamptonshire NN1 3AS
Type of service:	Doctors consultation service
Date of Publication:	June 2012
Overview of the service:	National Slimming Centre (Northampton) is registered to provide services in slimming clinics. It is owned and managed by Strapfield Limited t/a National Slimming Centres (Northampton). The clinic is located in the centre of Northampton. The premises are on the first floor of a

	business premises. Access for people with restricted mobility is limited.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

National Slimming Centre (Northampton) was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 March 2012 and carried out a visit on 21 March 2012.

What people told us

We spoke with three people on the day of our visit who were happy with the service provided and said that staff were very helpful and supportive. People told us that when they came for their first appointment, they were given some information about the medication they were prescribed. However, we found that people were still unclear about the licensing of the medicines they were supplied with.

What we found about the standards we reviewed and how well National Slimming Centre (Northampton) was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People were provided with information about the treatment programme but people did not always understand the information available.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People did not always receive effective, safe and appropriate care and support which met their needs.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The registered person must protect service users against the risks associated with the

unsafe use and management of medicines, by means of making appropriate arrangements for the recording, handling, using and dispensing of medicines for the purposes of the regulated activity.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff were not always suitably trained.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There were systems in place to monitor the quality of service but these did not cover all areas, so that risks to people's health, welfare and safety were not always monitored.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Records did not always include appropriate information in relation to people's treatment.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People we spoke with said they had sufficient information to make an informed choice about choosing a medicines regime to help with their weight loss. People told us they had discussed their medical history, diet and exercise with the doctor during their initial consultation at the clinic. They said the doctor had discussed fully the options available to them in terms of their treatment. They told us staff had explained to them the possible side effects of the medication.

One person who had been attending the clinic for more than two years said that she understood that the medication was not a "slimming tablet" but was a "slimming aid" to use with a healthy diet and exercise. She said that it had also been explained to her that she had to have regular breaks from the medication which she did. However, she said that the appointments with the doctor were often rushed and the doctors did not have time to explain what they were writing in their notes.

Before a medicine can be prescribed or sold in the UK, a medicine must be licensed by the medicines regulatory agency (MHRA). Doctors sometimes prescribe unlicensed medicines, which are obtained as "specials" through a manufacturer. Guarantees of effectiveness and safety are not the same as with licensed medicines and doctors should inform patients that this is the case.

When people had their first consultation at the clinic, they were shown an advice sheet to explain what "special" medication was. We spoke with three people who had all been prescribed medication for weight loss. We asked them if they understood that some of their prescribed drugs were "special" medication. None of the people knew what this meant as they had not understood the advice sheet. This meant that people were not fully informed of the risks of the medicines.

Other evidence

We spoke with a doctor working at the centre. She said that she explained to people that the medication she prescribed was either "licensed" or "special" medication. She showed us an advice sheet on her desk and said that she would ask the client to read the explanation on the sheet and reassured them that it was not illegal. The doctor said she told patients how the medication worked and its potential side effects. Patient information leaflets were given to people by staff once medication had been prescribed. We discussed the advice sheet about "special" medication with the manager who said that the wording had been agreed at the head office for all centres to use.

We looked at 15 people's treatment records. All the records had a completed medical history, and people had signed to consent to treatment. People signed to say whether they consented to their GP being informed of their treatment. People were given a letter to give to their GP to explain the medication they had been prescribed. People had signed their medical card to say that they consented to treatment but they did not sign to show that they understood the meaning of "special" medication.

Our judgement

People were provided with information about the treatment programme but people did not always understand the information available.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with said that staff at the centre had been polite and friendly. People told us that they had a longer appointment on their first visit and spent some time with the doctor. People said the doctor took their blood pressure and tested their urine. They said the doctor asked them about their medical history and explained about healthy eating and exercise.

People said they received an advice leaflet about diet and exercise. One person said that they could call the director, manager or receptionist if they had any questions or for emotional support.

Other evidence

The doctor said that on a person's first visit she took a full medical history. She said she also measured their height and weight, determined their body mass index (BMI) and tested their urine for glucose to rule out diabetes. She also discussed people's food habits and offered dietary advice. The doctor set a target weight and wrote out a letter for the person's GP explaining what medication had been prescribed. All people using the service had a BMI of over 30, which meant they met the criteria for medication to be prescribed.

Following their consultation with the doctor, the manager or receptionist discussed diet and exercise advice with people using the booklet produced by the National Slimming Centres head office. Two of the three staff who provided advice had not received training in diet and nutrition. There were numerous diet programmes provided within the

booklet which could lead to confusion about what healthy eating plan to follow. The manager stated that people could bring in diet and exercise diaries to show the doctor if they wished, however, the clinic did not provide any diary planners or exercise sheets. There were no procedures for monitoring whether people were following a healthy and safe diet and exercise routine.

We looked at 15 treatment records. These did not include essential records of conversations with people about diet, exercise or emotional support, assessments of whether the treatment was successful in achieving weight loss or decisions made to change medication. For example, one person's record showed that their blood pressure had risen significantly after one week since taking medication prescribed by the doctor. The person was prescribed a further four week's supply of the medication but the reason for this decision was not recorded. Continued increase in blood pressure could have put the person's health at risk.

Our judgement

People did not always receive effective, safe and appropriate care and support which met their needs.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People told us about the medicines they had been prescribed to assist with their weight loss. They said the doctor had fully explained the reason for the medicines and the possible side effects. People said they had also been given written information about the medicines.

Other evidence

The manager and doctor showed us their procedures for the safe storage of controlled drugs. The medicines were stored appropriately. The manager demonstrated the audit process of medicines ordered, received, prescribed and dispensed.

We looked at how the clinic ensured medicines were prescribed safely. A copy of the doctor's manual describing when medication would be prescribed was available in the consultation room. This manual made reference to the National Institute for Health and Clinical Excellence (NICE), General Medical Council (GMC) and Royal College of Physicians (RCP) guidelines on obesity, which were also available in the consultation room.

Records showed that appetite suppressants were prescribed to patients at the clinic. The doctor confirmed this. These medicines are not currently recommended for the treatment and management of obesity by NICE, the RCP or The British National Formulary (the pharmacy guidelines).

The appetite suppressants prescribed and dispensed at the clinic are classed as controlled drugs under The Misuse of Drugs Regulations (MDR) 2001. The MDR guidance states that prescriptions for these controlled drugs should be valid for 28 days only and that up to 30 days of medicine can be supplied at one time. One person had been prescribed both types of appetite suppressants for eleven months. She had been prescribed 56 days worth of tablets at a time on 11 separate occasions. The reason why more than 30 days of tablets were prescribed was not recorded. The patient information leaflet for one of the medications stated that doctors prescribe the drug for a maximum of 12 weeks without a break from treatment. The same person had been prescribed the medication for more than 12 weeks on several occasions without a break from treatment. The reason for this decision had not been recorded

One client had medication prescribed and dispensed at the clinic which was labelled incorrectly. The dose on the bottle said to take them once a day, instead of twice a day. The manager confirmed the correct dose with her verbally as twice a day, but the label on the medicine bottle was not changed.

Our judgement

The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of making appropriate arrangements for the recording, handling, using and dispensing of medicines for the purposes of the regulated activity.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People said that staff were approachable and helpful. One person who had been using the service for more than two years said that staff appeared to be well trained and competent. Although people were very positive about the advice and support they received, we found that staff had not received appropriate training.

Other evidence

Staff files showed that staff had relevant CRB checks in place and doctors were registered with the General Medical Council. A recent audit had shown that two doctors employed still required references which the manager was following up to make sure they were in place. The manager said that as there were only a few staff, they had regular staff meetings and supported each other continuously.

Staff had received training in areas such as fire safety and completing paperwork such as dispensing sheets and stock control forms. Staff had also signed to state that they had read the policy and procedure manual which covered areas such as patient consultation and confidentiality, keeping people safe from abuse and risk management.

Staff records showed that the manager and receptionist had not received appropriate training in offering diet and nutritional advice or providing emotional support to people. We observed the manager gave advice to one person which was different to the advice in the booklet provided. The manager said the advice they gave people about diet and exercise was common sense and was general knowledge. The manager said the director had a background in diet and nutrition and had provided unofficial training for

her and the receptionist. The manager said she had many years of experience working for the company which meant she was able to offer advice and support to people.

Our judgement

Staff were not always suitably trained.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak with people using the service about this outcome area.

Other evidence

The manager carried out checks on the service using an audit checklist provided by the head office. The manager checked a random sample of people's records every 3 months and any issues were noted and changes were made where needed. The manager and doctor carried out a check every 3 months on medication management including stock checks. The manager checked complaints every 6 months and we saw that no complaints had been received. The manager produced a summary of the audit and an action plan to address any issues.

All the clients were asked to complete a satisfaction survey after their visit. We saw ten completed surveys which the manager stated were recently completed. The manager analysed the surveys every six months and the results were discussed at a staff meeting for any improvements to be made. For example, one person said that appointments were not flexible enough and extra appointment times had been made available.

There was a quality assurance check list that has been completed by the director. The checklist had highlighted that there needed to be more vigilance by staff and training in completing the medical records. Also, that references for two doctors were required. The manager said that the director completed checks on the service every three months.

The audits did not highlight that NICE guidance and the Misuse of Drugs Act 1971 had not always been followed. Also, audits had not detected the fact that people's records were not sufficiently detailed. There was no system in place to evaluate the effectiveness of the weight loss treatments so that changes could be made where necessary.

Our judgement

There were systems in place to monitor the quality of service but these did not cover all areas, so that risks to people's health, welfare and safety were not always monitored.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with people using the service about this outcome area.

Other evidence

People's records were kept securely in a locked filing cabinet near to the reception desk.

We looked at the records of 15 people who visited the clinic for treatment. All the records had a completed medical history and people had signed to consent for treatment. The records showed whether they chose to take a letter to their GP explaining the medication they had been prescribed. Some records consisted of several cards loosely folded together. Not all were in the correct order making information difficult to track.

We found that some records had insufficient detail or lacked evidence of treatment provided:

Limited information was recorded at each consultation. People's records did not show conversations regarding diet, exercise or treatment review. There was no recording of reasons for change of medication where weight loss had slowed or stopped. Some records lacked detail about people's medical history. For example, one record showed that a person had previously been prescribed drugs for depression but no further details

were recorded. The prescribed appetite suppressants have listed side effects including depression. Records did not show the reasons why more than 30 days of medicine had been supplied at a time or why medicines were continued for more than 12 weeks without a treatment break.

One record showed that the person's blood pressure had dropped by a considerable amount in one month after taking medication prescribed by the centre. The person's record showed that she had continued to be prescribed the medication but there was no other information. The doctor said that the person had been advised to see her GP but this had not been recorded.

Our judgement

Records did not always include appropriate information in relation to people's treatment.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Services in slimming clinics	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	How the regulation is not being met: People were provided with information about the treatment programme but were not always provided with enough information to make an informed decision about the treatment they had been given.	
Services in slimming clinics	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People did not always receive effective, safe and appropriate care and support which met their needs.	
Services in slimming clinics	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of making appropriate arrangements for the recording, handling, using and dispensing of medicines for the purposes of the regulated activity.	

Services in slimming clinics	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: Staff were not always suitably trained.	
Services in slimming clinics	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: There were systems in place to monitor the quality of service but these did not cover all areas, so that risks to people's health, welfare and safety were not always monitored.	
Services in slimming clinics	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records did not always include appropriate information in relation to people's treatment.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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