

***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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Date of Inspection: 27 August 2013

Date of Publication:
September 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	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Strapfield Limited
Registered Manager	Ms. Louise Elizabeth Kurila
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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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 27 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people who used the service, they both told us that their consultations with the doctor included dietary and exercise advice.

We found that people had given their consent to treatment. We saw that where medication was prescribed that people received written information to explain how the medicine worked.

We found that the service had made improvements in its monitoring of the quality of the service and in the provision of training of staff.

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

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 saw that the service provided information to people so that they could make informed choices about their treatment. We looked at the records of 10 people and spoke with two people who used the service. We found that the doctor had documented that they had obtained the person's consent before informing their GP of their treatment, or in some cases, provided a letter for people to take to their GP.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the records for 10 people and spoke with two people who used the service. We found that people were asked about their previous mental health, medical history and their family medical history before they were prescribed treatment. We also found that people had their blood pressure, height, weight and blood sugars measured before treatment. We saw evidence that diet and exercise had been discussed before and during treatment and these conversations had been recorded. Where medications required regular breaks in treatment, we saw that people's records demonstrated the length of time they had had a break. This meant that the provider ensured that people were suitable for the treatment they were prescribed.

There were arrangements in place to deal with foreseeable emergencies. We looked at the fire procedures within the premises. The premises were shared with two other businesses. The manager was able to demonstrate how she would test the alarm on a regular basis. The manager also demonstrated the procedures she would carry out in the event of a fire. This meant that the provider had procedures in place to protect people in the event of a fire.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our inspection on 19 February 2013 we found that the instructions on how to take medication were not clear. During our inspection on 27 August 2013 we found that people received medication that was clearly labelled and received written information about the medicines.

Appropriate arrangements were in place in relation to obtaining medicine. We looked at the records for ordering, receiving and payment of medicines. We found that the records demonstrated that the medicines that were ordered were checked upon receipt and payment was made.

Appropriate arrangements were in place in relation to the recording of medicine. We found that all prescribed medicines, their batch numbers and expiry dates were recorded within people's notes.

Medicines were prescribed and given to people appropriately. We looked at the records for 10 people and found that medicines were only prescribed to people who were found to be suitable. We saw evidence of people requesting medication which was declined due to their medical suitability. This meant that the provider ensured that medications were only given to people who were medically suitable.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection on 19 February 2013, we found that staff did not receive adequate appropriate professional development or support.

During our inspection on 27 August 2013 we found that staff received appropriate professional development. We looked at the file for one new member of staff. We found that they had received induction training in all aspects of the business. We saw that they had received health and safety and fire training. We found that the manager provided regular support in the form of one to one training. We saw evidence that the manager received supervision from the provider in the essential quality standards and had received their appraisal. This meant that that the provider had improved their provision of professional development and support for staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection on 19 February 2013, we found that the provider did not have an effective system to regularly assess and monitor the quality of the service that people received. During our inspection on 27 August 2013 we found that the manager had a yearly plan of auditing to measure the quality of services provided. We saw that audits for the medications, client satisfaction, consent to care and complaints had been completed. We saw that action plans were devised and these were discussed at team meetings. The provider may wish to note that these team meetings are not recorded. This meant that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

We saw evidence that decisions about the care that people received were made by the doctor prescribing the medication. This meant that decisions about care and treatment were made by staff who were at the appropriate level.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our inspection on 19 February 2013, we found that the twice weekly medication checks were inaccurate and incomplete. During our inspection on 27 August 2013 we found that the medication checks were complete.

People's personal records including medical records were accurate and fit for purpose. We looked at the records for 10 people who used the service. We found that the records included all the medical information, observations, prescriptions and advice that had been given. This meant that people's personal records were accurate and fit for purpose.

People's records were stored in locked cabinets in alphabetical order. This meant the records were kept securely and could be located promptly when needed.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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