

## **Independent Healthcare Inspection (Announced)**

National Slimming and Cosmetic  
Clinics, Cardiff

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2018

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of National Slimming and Cosmetic Clinics, Cardiff on the 27 February 2018.

Our team, for the inspection comprised of an HIW inspector and clinical peer reviewer.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that the service was providing safe and effective care. We found that staff were committed to providing a welcoming environment and positive patient experience.

We found that the service needed to improve the arrangements for storage of some patient records.

This is what we found the service did well:

- Patient feedback was positive regarding the treatment received
- Patient records supported the treatment provided
- There was evidence of safe administration of medication
- The service had a good process in place for audit to identify areas for improvement
- A robust process was in place for sharing learning as a result of complaints received across the organisation
- Staff training records were detailed.

This is what we recommend the service could improve:

- Documentation to evidence what information had been provided to patients
- Some arrangements for regarding the disposal and storage of medication
- Arrangements for the safe and secure storage of some patient records
- Updates to the complaint policy.

## 3. What we found

### **Background of the service**

National Slimming and Cosmetic Clinic Cardiff is registered to provide independent weight management advice and treatment services to patients who are 18 (eighteen) years old or over at 39 Charles Street, Cardiff, CF10 2GB.

The service employs a staff team which includes two doctors, a practice manager and two reception staff.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we were satisfied that the service was committed to providing a positive experience for patients in a safe and effective manner.

Patients provided positive comments about the care and treatment offered to them by all staff.

We recommended that documentation to show what information had been provided to patients could be improved.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 18 questionnaires were completed. Patient comments included the following:

*"Environment is very clean; and the staff are very friendly and helpful"*

*"Very friendly, supportive and informed staff"*

*"The staff have always made me feel welcome and comfortable. The knowledge on treatment and slimming is commendable, I am so pleased with my results. Can not thank them enough. I have recommended to all my friends. Thank you"*

*"Very friendly, staff always willing to give advice and help. Dr is thorough every time I visit"*

## Health promotion, protection and improvement

We found that the service displayed information on portion control and healthy eating, to help promote the need for patients to care of their own health. We were told that during consultations, doctors discussed healthy lifestyle choices combined with any prescribed treatment.

We saw that the service operated on a strict patient criteria basis before the doctors would prescribe any treatment. This ensured that only appropriate patients would receive treatment.

### **Dignity and respect**

Patients' appointments with the doctors were held in a private treatment room away from other patients, meaning that privacy and dignity could be maintained. All patients that completed a questionnaire said that staff are always polite to them and are kind and sensitive when carrying out care and treatment.

### **Patient information and consent**

We were told that patients were given a slimming guide and diet diary at their first appointment, providing information to support their weight loss programme. We saw evidence in some patient records that this had been given out, however it was not consistently recorded. The service must ensure that information provided to patients is documented within individual records. We saw in the patient records that patient consent had been obtained prior to treatment.

The majority of patients that completed a questionnaire agreed that they have been given enough information about their treatment, including the risks, different treatment options available, the costs for services and after care services.

### **Improvement needed**

The service must ensure that patient records fully document the information provided to patients.

### **Communicating effectively**

There were posters and information leaflets available regarding the treatment offered at the service. However this information was only available in English.

### **Care planning and provision**

We looked at a sample of five patient records and found that although the forms were minimal, the information was clear and more than adequate for the consultation process. We saw that past medical histories, prescribed medication, blood pressure and weight were all recorded consistently.

## Citizen engagement and feedback

The service had a system in place for patients to be able to provide feedback on the treatment provided to them. This included a patient satisfaction survey and through the services website. We saw that the information collated was analysed and available for patients to see should they wish to.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found that the service offered treatments to meet individual patient needs.

Medication was stored securely to prevent unauthorised access, and we found that appropriate systems were in place for safe administration of medication. We did recommend some improvements could be made regarding disposal of out of date medication and the consistency of temperature checks.

Staff were appropriately trained for the service they provided.

Some improvements were needed to ensure patient records are stored securely.

### Managing risk and health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the service. We found the service to be well maintained both inside and out, and the two treatment rooms were clean, tidy and organised.

### Infection prevention and control (IPC) and decontamination

Due to the nature of the clinic there was very little need for infection control and prevention intervention although we found that hand gel was available. The treatment rooms also had a hand washing sink.

We found the service to be visibly clean and tidy, and all patients who completed a questionnaire either agreed or strongly agreed that the environment was clean and tidy.

### Medicines management

We looked at the process for managing medicines and were satisfied that it was safe. The medication was stored securely to prevent unauthorised access and we found there to be detailed records of prescribing and auditing. We found that

out of date medication, on the whole, was disposed of appropriately via a doom kit<sup>1</sup>. The service told us that they had recently taken some out of date medication to the local pharmacy for disposal, however there were no records to show the handover at the pharmacy. We advised the registered manager to ensure that a record or receipt is obtained from the pharmacy should they decide to use this service in the future. The registered manager agreed to do this.

Whilst we saw that the service maintained a record of the temperature within the cupboard the medication was stored in, we recommended that the process should be strengthened to ensure that the temperature is recorded in a consistent manner. We recommended that the temperature should be taken at the same time of day, and records signed and dated to show when this had been completed. The registered manager agreed to do this.

#### Improvement needed

The registered manager must ensure that records are obtained and retained to evidence disposal of out of date medication with external organisations.

The registered manager must ensure that the process for recording the temperature within the medication cupboard is consistent.

#### Safeguarding children and safeguarding vulnerable adults

The service had not reported any safeguarding issues. There was an appropriate safeguarding adults policy and procedure in place to support staff if required. We considered the recruitment process in place for new staff and we were told that appropriate checks would be conducted, as required by the regulations, prior to an individual starting.

We considered a number of staff files and training records, and found that staff had received training in adult safeguarding.

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<sup>1</sup> Containers for the safe destruction of controlled drugs.

## Medical devices, equipment and diagnostic systems

The service had the use of equipment to measure patients' blood pressure, weight and height. We found that the service had systems in place to ensure that all equipment had been appropriately calibrated to help show they were effective.

## Safe and clinically effective care

We considered a sample of five patient records, and found them to have the required level of detail to support the care and treatment provided to patients. This included basic measurements such as weight, height, blood pressure and BMI<sup>2</sup>, patient medical history and prescribed medication. Ongoing records were maintained of a patient's weight loss, to help show the outcomes of the treatment.

## Participating in quality improvement activities

We found that the service undertook a range of quality improvement activities to help identify areas for service improvement. This included patient satisfaction surveys, reviews of patient complaints, medication audits and staff training reviews.

## Records management

Current patient records were maintained in paper format, and were stored securely in a locked cupboard to prevent unauthorised access. We did find however that the service needed to ensure records of those patients not currently accessing the service were stored securely. Whilst the records were out of public view and access, they were not locked away. The registered manager agreed to address this as a priority.

We also found that where some patient record cards had continuation sheets, these were not always labelled appropriately with patient identification. This meant that there was a potential for unstapled record cards to become misplaced. The registered manager agreed to address this as a priority.

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<sup>2</sup> Body Mass Index - A measurement based on a persons height and weight to help to determine whether they are underweight, normal weight, overweight or obese.

### Improvement needed

The registered manager must ensure that all patient records are stored securely to prevent unauthorised access and that all records contain relevant patient identifiers.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

We found that there was clear management and leadership. The majority of staff had been employed for long periods of time and were fully aware of what was required of them and who to report to for advice and support.

Staff training records were detailed and thorough and there was a good process in place for ensuring staff completed mandatory training.

The service had a robust process in place for ensuring that staff were kept up to date with changes to policies and procedures.

## Governance and accountability framework

We found the team at the National Slimming and Cosmetics Clinic, Cardiff, to be a well established team and they demonstrated clear lines of responsibility. Staff were clearly aware of their roles and responsibilities. We found that the support offered to staff by senior management from the wider organisation to be positive.

We reviewed the service's Statement of Purpose and Patients' Guide. We found that the Statement of Purpose contained all the relevant information, however the date issued needed to be revised, as it showed that it had been issued on a date in the future. The Patients' Guide needed to be updated to include a summary of patient views, in accordance with the regulations. The Patients' Guide was displayed within the patient waiting area, for patients to have ease of access to, meaning that patients had access to information on the services provided.

We found that there was a comprehensive range of policies and procedures in place, providing detailed information to both staff and patients. We found that these were reviewed and updated on a regular basis to help ensure that staff and patients had access to the most up to date information.

#### Improvement needed

The registered manager must update the Patients' Guide to include a summary of patient feedback in accordance with the regulations.

### Dealing with concerns and managing incidents

We saw that the service had a complaints policy in place, outlining the process for patients should they wish to raise a concern. This information was displayed in the patient waiting area. We found that the complaints policy needed to be updated to include the correct contact details for HIW. The service had a robust process for dealing with complaints, and was able to evidence lessons learned from complaints received from across its numerous settings.

#### Improvement needed

The service must update the complaints policy to include the correct contact details for HIW.

### Workforce planning, training and organisational development

Staff stated that they received cover from another setting to assist when required. This was usually to cover long periods of planned leave. We found that staff had detailed training records, and received appropriate training to the areas where they worked.

### Workforce recruitment and employment practices

Staff files were maintained centrally by the company's HR department. Recruitment was also dealt with centrally to help ensure that all relevant documentation was obtained prior to appointments. We found that the service had a suitable system in place to ensure that professional registration and disclosure and barring service checks were up to date and actioned in a timely manner.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

## Appendix B – Improvement plan

**Service:** National Slimming and Cosmetic Clinics Cardiff

**Date of inspection:** 27 February 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The service must ensure that patient records fully document the information provided to patients.	Regulation 23 (1)(a)(i) Standard 9. Patient information and consent	<p>Patient Prescription Card (PPC) has been revised to include PIL handout - currently awaiting print.</p> <p>In the interim all PIL's handed to patients will be noted on the PPC by hand.</p> <p>Loose leaflets which form part of the PPC will now include patient name + DOB.</p>	Linda Godwin	Immediate
<b>Delivery of safe and effective care</b>				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The registered manager must ensure that records are obtained and retained to evidence disposal of out of date medication with external organisations.</p> <p>The registered manager must ensure that the process for recording the temperature within the medication cupboard is consistent.</p>	<p>Regulation 9 (1)(m)</p> <p>Regulation 15 (5)(a)</p> <p>Standard 15. Medicines Management</p>	<p>Doom kit on site and all disposed medications are signed off by prescribing Doctor. T28 Licence also in use.</p> <p>New temperature log in place – medications recorded twice per day (start &amp; end of session)</p>	<p>Linda Godwin</p> <p>Linda Godwin</p>	<p>Complete</p> <p>Complete</p>
<p>The registered manager must ensure that all patient records are stored securely to prevent unauthorised access and that all records contain relevant patient identifiers.</p>	<p>Regulation 23 (2 )(b) and (3) (a)</p> <p>Standard 20. Records management</p>	<p>Safe and secure storage now in place for all PPC's.</p>	<p>Linda Godwin</p>	<p>Complete</p>
<b>Quality of management and leadership</b>				
<p>The service must update the complaints policy to include the correct contact details for HIW.</p>	<p>Regulation 24 (4) (a)</p> <p>Standard 23 Dealing with concerns and managing incidents</p>	<p>Complaints Policy now includes details for HIW</p>	<p>Linda Godwin</p>	<p>Complete</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Marie Swoboda**

**Job role: Clinic Manager**

**Date: 25.4.18**