

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

National Slimming and Cosmetic  
Clinics, Swansea

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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, Swansea on the 19 April 2018.

Our team, for the inspection comprised of a HIW inspector and a 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.

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
- Consistency of obtaining patient consent in some circumstances
- Produce a report following senior management visits
- Updates to the complaint policy.

There were no areas of non compliance identified at this inspection.

We identified regulatory breaches during this inspection regarding the need for visits to be undertaken in accordance with regulation 28. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

## 3. What we found

### **Background of the service**

National Slimming and Cosmetic Clinic Swansea is registered to provide weight management/reduction advice and treatment by medical practitioners to patients who are 18 (eighteen) years old or over at 391 The Kingsway, Swansea, SA1 5LQ.

The service was first registered on 22 August 2017.

The service employs a team which includes the registered manager, a receptionist and two sessional doctors.

## 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.

The service needed to ensure that patient consent is taken at all appointments, where appropriate.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 17 were completed. Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments included the following:

*"Always helpful. Staff outstanding, nothing too much trouble, always pleasant surroundings and staff"*

*"Always polite and ever so helpful. Put at ease as soon as you enter the building, would highly recommend this clinic"*

*"Fantastic friendly service lovely people"*

*"The staff are always kind and caring and always pass on useful information"*

## Health promotion, protection and improvement

We found that information on portion control, healthy eating, menu advice and recipe ideas were available for patients to view in a folder in the waiting area, 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**

We saw that patients' appointments with the doctors were held in a private treatment room away from other patients, and we noted that the treatment door was closed when the doctor was seeing patients. This meant that privacy and dignity could be maintained. Without exception all patients that completed a questionnaire told us 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 looked at a selection of patient records, and we found that consent to treatment had been obtained at the first appointment. We did find however that this had not been consistently obtained if a patient had not been for treatment for over three months, which was outlined in the service's own policy. The service agreed to address this issue.

The majority of patients that completed a questionnaire agreed that they had 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.

The service must ensure that patient consent to treatment is obtained following a period of absence.

### **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**

During the inspection we considered a sample of five patient records and found that although the forms were minimal, the information was clear and 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 service's 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 recommended that a more robust process needed to be put in place for checking the temperature of the medication cupboard.

Staff were appropriately trained for the service they provided.

### Managing risk and health and safety

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. The service had a risk management policy and procedure in place, with regular audits of environmental hazards to help identify any areas for improvement.

### 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. The service also maintained cleaning schedules to demonstrate the range of cleaning activities undertaken.

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 was disposed of appropriately via a doom<sup>1</sup> kit.

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 service agreed to do this.

#### Improvement needed

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 to help ensure safe recruitment.

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

#### 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.

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

## 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, 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

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, environmental assessments and staff training reviews.

## Records management

We considered a selection of patient records and found that they generally contained all the relevant information required to demonstrate the care and treatment provided to patients. We did however find that in some records it was unclear which practitioner had provided the treatment to the patient, due to unclear signatures and incorrect signing. The service agreed to address this.

Current patient records were maintained in paper format, and we found that they were stored securely in a locked cupboard to prevent unauthorised access.

### Improvement needed

The registered manager must ensure that patient records clearly demonstrate the treatment provided and by which practitioner.

## 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.

The service must ensure that the visits to the service undertaken by the responsible individual are fully documented.

## Governance and accountability framework

We found the team at the National Slimming and Cosmetics Clinic, Swansea, to be a well established small 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, both of which contained the information required by the regulations. Both documents were available within a patient information file in the waiting area, meaning that patients had access to information on the services provided.

Whilst we were told that a member of the senior management team visits the service on a regular basis, we were unable to see that the visit resulted in a written report, in line with the regulations.

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 service provider must ensure that visits to the service are undertaken at least every six months and a written report produced on the conduct of the service.

### 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 and within a patient information folder in reception. 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 Cosmetics Clinic Swansea

**Date of inspection:** 19 April 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>				
<p>The service must ensure that patient records fully document the information provided to patients.</p> <p>The service must ensure that patient consent to treatment is obtained following a period of absence.</p>	<p>Regulation 23 (1)(a)(i)</p> <p>Standard 9. Patient information and consent</p>	<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>	<p>Silvana Jennings</p>	<p>Completed</p>
<b>Delivery of safe and effective care</b>				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager must ensure that the process for recording the temperature within the medication cupboard is consistent.	Regulation (5)(a) Standard 15. Medicines management	New temperature log in place.	Silvanna Jennings	Completed
The registered manager must ensure that patient records clearly demonstrate the treatment provided and by which practitioner.	Regulation 23 (1)(a)(i) Standard 20. Records management	All staff aware of the importance of proper and accurate information noted on PPC.  To ensure HIW compliance Clinical Record Audits will be carried out monthly for June & July – thereafter 3 monthly audits will resume.	Silvanna Jennings	Ongoing
Quality of management and leadership				
The service provider must ensure that visits to the service are undertaken at least every six months and a written report produced on the conduct of the service.	Regulation 28 (3)(4)(a,b,c) (5)(a,b,c) Standard 1 Governance and accountability framework	Regular 6 monthly visit will be undertaken by Head Office  Summary Reports will be produced and action plans carried out when and if necessary	Marie Swoboda/Tom Pearson	Ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must update the complaints policy to include the correct contact details for HIW.	Regulation 24 (4)(a) Standard 23 Dealing with concerns and managing incidents	Complaints policy updated	Silvanna Jennings	Completed

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: Clinics Manager**

**Date: 29.5.18**