

# Emerge Aesthetics

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out our first announced comprehensive inspection at Emerge Aesthetics as part of our inspection programme following the registration of a new service.

Emerge Aesthetics, provides an online and telephone service to support people manage their weight across England. This can include prescribed medicines and lifestyle advice including, counselling, dietary and movement advice.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Emerge Aesthetics provides a range of non-surgical cosmetic interventions, for example dermal fillers and Facial Contouring which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- Via a patient survey, patients were positive about the service.
- Staff displayed an understanding and non-judgmental attitude to all patients.
- Through clinical review staff monitored the frequency of side effects and weight loss reported by patients.
- There was a focus on continuous learning and improvement.

The areas where the provider **should** make improvements are:

- Support staff to be able to identify and contact the relevant authority when submitting a safeguarding referral.
- Appropriate training on interacting with people with a learning disability and autistic people should be undertaken by all staff.
- Continue to monitor clinical effectiveness and quality of clinical records to demonstrate safe and effective treatment.

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Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC Pharmacist Specialist.

## Background to Emerge Aesthetics

### Background

The provider was registered by CQC on 24 February 2022 in respect of the regulated activity of Treatment of disease, disorder or injury (TDDI). The provider operates from their registered address; however, most staff are working remotely.

The Emerge Aesthetics is an independent provider of online and telephone services to support people to lose weight across the England. This can include prescribed medicines, counselling, dietary and movement advice.

Adults can schedule online or telephone appointments by phone or via the website with a non-medical prescribing (NMP) nurse. The service offers patients a range of treatment programmes to aid or maintain weight loss.

The service schedules online or telephone appointments with people at mutually convenient times.

Information regarding the service can be found on the provider's website – [www.emergeaesthetics.co.uk](http://www.emergeaesthetics.co.uk)

### How we inspected this service

Before the inspection, we gathered and reviewed information from the provider. As this was registered as an online provider, we undertook the inspection and accessed their clinical records where the service also delivered a range of non-surgical cosmetic interventions. These non-surgical cosmetic interventions are not within CQC scope of registration. During the inspection we interviewed the service's nominated individual and registered manager, who are also non-medical prescribing nurses. We reviewed a range of the provider's policies and procedures, patient consultation records and patient feedback received by the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good**

## **Safety systems and processes**

**The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken in line with the service's policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable),
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns within the Kent and Medway area. Processes to report concerns outside of the Kent and Medway area were not developed.
- At the time of the inspection staff had not undertaken training on interacting with people with a learning disability and autistic people. Following the inspection steps were taken by the registered manager to identify and arrange for staff to undertake this training.
- The provider carried out appropriate environmental risk assessments, which considered how the registered location was used.

## **Risks to patients**

**There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients who deteriorated during their appointment and would either arrange for emergency assistance via 999 or advise the patient to seek further medical advice. This including recording where the patient was at the beginning of each consultation.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. We saw that there were suitable insurance arrangements to cover the professional practice of the healthcare professionals working in the service and for public liability cover.

## **Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment to patients.**

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, prescriptions were only written if the patient consented to the service contacting their GP and the GP had had an opportunity to feedback on the service's proposed prescribing.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

# Are services safe?

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The service issued electronic prescriptions to the service's preferred community pharmacies to dispense the prescriptions. The community pharmacy then arranged delivery of the medicines to the patients.
- The service had initiated a process of clinical review to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, patients were not always available to receive their medicines delivered by courier. Therefore, the information for patients about the medicine delivery process was reviewed and updated.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

**We rated effective as Good**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. Since the service has opened they had undertaken one review of clinical effectiveness. The service intended to make improvements through the use of clinical reviews. There was clear evidence of action to resolve concerns and improve quality. A clinical review of weight loss after 4 weeks treatment had been undertaken indicating 80% of patients reported weight loss and the results shared with the team.

## **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Nursing professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patient's GP where the patient had consented in line with GMC guidance.
- Before providing treatment, a non-medical prescribing nurse at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider's policy was that treatments would only be offered to patients if they had consented to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service monitored the process for seeking consent appropriately.

## **Supporting patients to live healthier lives**

**Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care. For example, advice about diet and exercise.

# Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. These include undiagnosed obesity-related conditions prior to treatment and the potential side effects and interactions of medicines the service may prescribe.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

**The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## We rated caring as Good

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff at the service told us they encouraged patients to use a private room without distractions when they were having their consultation with clinical staff. Clinical staff also used a private room when holding consultations. Thus, replicating the privacy of a face to face consultation.



# Are services responsive to people's needs?

**We rated responsive as Good**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and started the service in response to those needs.
- The facilities and premises were appropriate for the services delivered.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded respond to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Due to a few incidents involving the delivery of medicines, the information provided to patients was updated and simplified.
- The service had signed up to an adjudication service. These are voluntary schemes. They provide independent complaint adjudication for clients who are not happy with how their complaint has been handled by an independent healthcare provider.

# Are services well-led?

## We rated well-led as Good

### Leadership capacity and capability

#### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

### The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.

# Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

**There were clear and effective clarity around processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, and prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.

## Appropriate and accurate information

**The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

**The service involved patients and staff to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the patients and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. A patient survey was undertaken annually. We saw evidence of staff discussing the patient feedback survey.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

**There were evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.