

Evolve Medical

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 an announced comprehensive inspection at Evolve Medical on 1 February 2022. This was a first inspection of a newly registered service. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act.

Evolve Medical provides a range of aesthetic and minor surgical procedures, including upper blepharoplasty (eye lift), lip lift, mini face lift, pinnaplasty and labiaplasty. Some injectable slimming treatments are also provided.

Services are carried out by a range of staff including a consultant plastic surgeon, registered nurses, and aestheticians.

Appointments can be booked in a variety of ways, including online, email or by telephone.

Services are available to people aged over 18 only. Evolve Medical refers to people accessing their services as patients, and this terminology is reflected throughout the report. The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service, and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, during our inspection we were only able to evaluate the services which fell under our scope of regulation.

The nurse director is the registered manager. A registered manager is a person who is registered with the CQC 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.

Although we were unable to speak with patients during our visit, we viewed written feedback received from patients both after consultation and as part of an annual patient satisfaction survey.

Our key findings were:

- A range of operational policies were in place and accessible to all staff in shared staff areas.
- Quality improvement activity was carried out to monitor outcomes for patients and ensure in-house standards were maintained.
- The premises were well-maintained, with all necessary health and safety measures in place.
- Feedback from patients using the service was positive.

Overall summary

- Staff had access to required training and development opportunities. They told us they felt proud to be part of the service.

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

- Embed processes introduced following our inspection feedback to routinely confirm age and identity of patients before procedures.
- Extend the scope of quality improvement activity and develop systems to enhance shared learning.
- Provide information available to patients in relation to accessible facilities on the premises.
- Improve information available to patients in relation to making a complaint.
- Embed clinical supervision arrangements for relevant staff.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was carried out by a CQC inspector and a GP specialist adviser with expertise relevant to the service.

Background to Evolve Medical

Evolve Medical operates from a modern two-storey building located approximately seven miles to the West of Leeds City Centre. On site parking is available.

The service is staffed by a nurse director, three registered nurses, two of whom are independent prescribers, three aestheticians, a registered physiotherapist, clinic manager and three patient coordinators. A consultant in plastic surgery provides services two days per week at the site.

The service opening times are:

Monday, Wednesday, Friday: 9am to 5pm

Tuesday, Thursday: 9am to 8pm

Saturday 9am to 3.30pm.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Services in slimming clinics

How we inspected this service

Before we visited the service we reviewed the information available to us on the service website and our own internal systems. We reviewed the information provided to us by the service as part of our pre-inspection information return.

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 because:

Staff had access to appropriate support, information and guidance to enable them to carry out their role safely. Improvements could be made by embedding recently introduced processes for establishing the age and identity of patients presenting for treatment, and by embedding processes in relation to patient safety alerts.

Safety systems and processes

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

- The provider carried out health and safety risk assessments, including premises, fire, sharps injuries and workstation risk assessments. They had appropriate safety policies, which were accessible to all staff and were reviewed regularly. Staff received safety information from the service as part of their induction and refresher training. A safeguarding policy was in place. Although the service did not treat under 18 year olds, both adult and child safeguarding training was provided to staff.
- Staff told us that in cases where they suspected that a patient was under 18 years old they would seek proof of age and identity. Following our feedback, they undertook to standardise processes for confirming age and identify of patients who presented for treatment Updated documentation, patient information and policies were provided as evidence to this effect.
- Patients were able to access the service from any geographical location in the country. Staff had contact details of local safeguarding teams. They told us the local team would direct them to the appropriate service where patients lived outside the local area.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken for all staff, at a basic or enhanced level dependent on their role. (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).
- Chaperones were available if required. Staff received training to equip them for this role. We noted that patient records contained details of the chaperone present during procedures. Following our feedback the provider undertook to display notices in patient waiting areas to ensure that all patients were aware that this option was available to them.
- Infection prevention and control (IPC) checks and audits were carried out. Daily room checks were logged, and three monthly whole building IPC audits were carried out.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- At the time of our visit the service was fully staffed. Staff told us they felt that staffing numbers were able to meet the needs of the service. Arrangements were in place to provide cover for senior staff during periods of absence.
- Staff received an induction upon starting work in the service. Staff told us they felt they received the right amount of information to fulfil the requirements of their roles.
- Staff received annual basic life support training. An additional video training module in relation to using the on-site defibrillator could be viewed by staff to reinforce their understanding.
- The range of emergency medicines were appropriate for the type of services offered by the provider. A risk assessment in relation to emergency medicines held had been completed.

Are services safe?

- The provider had insurance indemnity in place for all staff working at the service. In addition, the surgeon had an additional medical indemnity insurance in place.
- Professional registration and revalidation details for staff were checked and verified on an annual basis.
- During the current coronavirus pandemic additional checks and screening were in place to protect the safety of patients. All patients undergoing surgical procedures were required to have a negative Polymerase Chain Reaction (PCR) test before proceeding. All patients attending the premises had to complete a covid screening assessment.

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 completed and stored appropriately. We saw that medical history questionnaires were completed in all cases, and relevant health related concerns were discussed by the consulting clinician and recorded accordingly.
- Patients were encouraged to consent to information sharing with their own GP. Where patients were unsure, staff told us they explained the benefits of this course of action. We heard of examples where information had been shared in a way to protect and support the best interests of the patient. Following our inspection, the provider sent evidence of an updated medical questionnaire, where it explicitly documented patients' permission to share information with their own GP.
- The service had an informal system in place to retain medical records in the event that they were to cease trading. Following our feedback, the provider undertook to review Department of Health and Social Care (DHSC) guidance to formalise their plans.

Safe and appropriate use of medicines

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

- The provider had established systems and arrangements for managing medicines, including emergency medicines. Regular checks were carried out and documented. Emergency equipment was checked daily and records were kept of all checks.
- The service did not prescribe controlled medicines.
- At the time of our visit, there were no processes in place to carry out audits in relation to prescribing patterns for those staff legally authorised to prescribe medicines to patients. Following our feedback, the provider undertook to review this approach.
- A medicines management policy was in place. Staff demonstrated their understanding of and adherence to the policy. We saw that Semaglutide (Ozempic), a medicine recently licensed for weight loss outside the NHS, was used when patient preference indicated. We saw that all appropriate follow up reviews were adhered to, and that patients were provided with comprehensive written information in relation to possible side effects and other considerations in relation to their chosen medicine.

Track record on safety and incidents

The service had a good safety record.

- A range of risk assessments in relation to safety issues were in place and were regularly updated.
- There were systems in place to monitor and review activity. Information was communicated to staff through monthly staff meetings. Staff told us they felt informed about issues relevant to their role.

Are services safe?

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system in place for recording and acting on significant events. Staff told us they would feel comfortable raising concerns and reporting issues or near misses as they arose. We saw that four incidents had been reported in relation to the regulated activities carried out by the service in the previous year, and that these had been acted upon appropriately.
- Incidents were discussed at staff meetings. Lessons learned were shared when appropriate. For example, where a patient became unwell during a procedure which resulted in an ambulance being called. The issue was reflected upon as a staff group, and confirmed that all appropriate actions had been taken in that instance.
- The provider was aware of, and complied with, the requirements of the Duty of Candour. They told us they sought to cultivate an environment of openness and honesty. We were provided with an example to demonstrate this was the case.
- The service had systems in place to receive patient and medicines safety alerts. At the time of our visit there were gaps in relation to documentation of any actions taken following these alerts. Following our visit, we were provided with an updated policy with supporting documentation to ensure full written evidence of actions taken was captured.

Are services effective?

We rated effective as Good because:

There were systems in place to ensure that staff were safely recruited, inducted and trained, and care and treatments were carried out in line with current guidance. Improvements could be made by extending the range of quality improvement activity to enable and facilitate learning from trends or themes.

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 need and delivered treatments 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.
- We heard of examples to demonstrate that staff took account of both the clinical appropriateness of treatments requested, as well as any emotional or wider social pressures which could be impacting upon patients' requests for treatments. Treatment was declined in accordance with these judgements when appropriate, and relevant information was shared with patients' own GPs.
- Discussions with staff demonstrated the service did not discriminate against any particular group of people when discussing and delivering treatment.

Monitoring care and treatment

The service carried out some quality improvement activity.

- The service evaluated information about care and treatment to inform service delivery models. For example, an audit of post procedure infections demonstrated that the service was operating within accepted parameters to minimise the need for antibiotics post procedure. We saw that written information was given to patients providing them with post procedure self care guidance.
- Regular hand sanitising audits and infection prevention and control (IPC) audits monitored staff adherence to IPC required standards.

Effective staffing

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

- Before appointment, checks were made to verify that all staff had qualifications appropriate to fulfil their role. Where applicable, checks were made to ensure that registered professionals were recorded on the necessary professional registers, with revalidation completed within required timescales.
- Staff were provided with an induction/orientation programme to enable them to become familiar with the requirements of the service and their role within it. All staff were appropriately qualified.
- A range of required and role specific training was provided for staff. Evidence of completed training was held in individual personnel files. Staff confirmed their completion of relevant training, and that in addition they had access to role specific training to ensure they were aware of up to date guidelines and standards, and were encouraged to develop within their role.

Coordinating patient care and information sharing

Are services effective?

Staff worked with other organisations, to support the delivery of effective care and treatment.

- Systems were in place to gain patients' consent to liaise with their own GP in relation to treatments offered. We heard of examples where liaison had been effective in supporting safe patient care. For example, where aesthetic treatments were refused for ethical reasons.
- Patients completed a comprehensive medical questionnaire before treatments were provided. When questions arose, staff made contact with the patient's own GP to clarify any identified potential issues.
- Feedback was provided to GPs in relation to, for example, antibiotic medicines prescribed to patients. Following our feedback, the service provided evidence that their policy in relation to information sharing with GPs had been updated, to ensure that information sharing was routinely in place at the beginning and end of any treatment programmes.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, an individual seeking treatment which was not considered to be ethically appropriate was referred back to their GP, and communication between services supported safe care.
- All patients received post operative calls or appointments following their procedure. Timescales for review varied according to the type of treatment having been received. Patients had contact details for out of hours advice and support if issues arose during the post operative period.
- The service monitored the process for seeking consent appropriately. Following our feedback, the provider amended their processes for establishing age and identity of all patients before treatment was planned.

Supporting patients to live healthier lives

Staff sought to empower patients, and support them to manage their own wellbeing.

- Patient information leaflets were provided giving full details of treatments offered or provided. These contained details of where to seek help if concerns arose.
- Patients were given details of any potential side effects or risk factors to support patients to make informed choices in relation to the treatments or medicines they selected.
- We heard of examples where patients were signposted to more appropriate services where their needs could be met when necessary.

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 because:

Staff demonstrated an awareness of the need to prioritise kindness and empathy in their interactions with patients. Improvement could be made by updating information available to patients in relation to disabled facilities on site.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received after each consultation. We viewed a sample of patient comments. These included describing staff as fabulous, with no pomp, friendly and helpful.
- In addition, the service carried out an annual patient survey for all patients who had received surgical procedures. The most recent survey was carried out in October 2021. Results showed a high level of satisfaction. Out of 19 respondents there was no lower than 96% satisfaction in relation to, for example, being kept informed, feeling safe, the care provided by clinical staff and post operative review.
- Staff displayed an understanding of the holistic nature of patients' needs, and sought to accommodate cultural, social, personal and religious needs.

Involvement in decisions about care and treatment

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

- Telephone interpreter services were available for those patients whose first language was not English.
- We heard of examples where additional needs were accommodated; for example when a patient presented who had a hearing impairment, staff provided information in a written format.
- Large font information could be provided for patients with visual impairment.
- Although the premises were accessible, we saw that accessible toilets were not available on site. Following our feedback, the provider undertook to update the information provided to patients via their website or other materials to ensure people were aware of this.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The waiting area provided patients with space to converse confidentially at the reception desk if required.
- Patients were seen in individual rooms with lockable doors which provided full privacy, and conversations could not be overheard outside the room.

Are services responsive to people's needs?

We rated responsive as Good because:

Flexible opening times and referral systems supported patient choice. Improvement could be made by providing information on their website in detailing processes for making a complaint.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and adapted services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The service was open until 8pm two evenings during the week and on Saturdays until 3pm, to accommodate people with day time commitments.
- Although the premises were accessible to people who used a wheelchair, there were accessible disabled toilet facilities on site. Following our feedback, the provider undertook to review the information made available to patients in this regard.

Timely access to the service

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

- The service was able to arrange appointments for initial assessment, any required tests and treatment in a timely way.
- Appointment times were arranged to minimise waiting time, ensuring the appropriate clinician was available at the designated appointment time.
- Liaison with other services was completed as soon as practicable to ensure timely information sharing.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint was not detailed on the service website, or on the premises. Staff told us they listened to all concerns or complaints made and referred to the director of the service for attention.
- We viewed one complaint which had been received in the previous 12 months. We saw that it had been fully investigated, and the service had agreed a course of action acceptable to the patient. We saw that communication with the patient did not contain information on how to access the Independent Sector Complaints Adjudication Service (ISCAS) in the event of dissatisfaction with the outcome of any complaint. Following our feedback, the provider undertook to review their approach in this regard.

Are services well-led?

We rated well-led as Good because:

Staff told us the leadership team were approachable and supportive. A range of governance processes were in place to provide a framework within which staff worked. The leadership team responded in a positive way to feedback received during our site visit. Improvement could be made by extending the scope of quality improvement activity and developing systems to enhance shared learning.

Leadership capacity and capability;

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

- Leaders were knowledgeable about the market within which they operated. They were aware of business opportunities and threats, and communicated key issues to the whole staff group.
- Senior staff were visible and 'hands on' in relation to delivering the service. Staff told us they felt supported by their managers and leaders and felt proud to work in 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.

- A mission statement was displayed in the premises. The mission statement pledged to treat patients with dignity and respect, and care for them in a safe environment. Our discussions with staff confirmed they were aware of these values and aligned with them.
- We saw there was a business plan and strategy in place outlining current and projected priorities.

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. They told us they felt the service was fully patient focused.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We heard of an example where a member of staff had tested positive for COVID following a day treating patients. All patients were contacted and told of the situation. They were signposted how to proceed to ensure their own welfare and safety.
- Staff told us they would feel confident to raise concerns. They told us they would inform the director or clinic manager in the first instance if issues arose, and would be directed to the necessary documentation.
- At the time of our inspection, we saw staff were provided with an annual appraisal. There were plans to introduce monthly one to one meetings with staff which would also provide opportunities for clinical supervision. We were provided of a policy outlining their intention to provide clinical supervision in this way.
- We learned that staff were able to identify development opportunities and aspirations and the service endeavoured to accommodate these where they aligned with the development of the service. For example, one of the nurses had expressed an interest in the nurse prescribing qualification, which was being considered.

Governance arrangements

Are services well-led?

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

- There was a clear set of policies, processes and systems in place to support good governance and management. These were regularly reviewed and updated in line with changing legal requirements and service priorities.
- Staff were aware of the role they played in delivering the service priorities, and understood their role and accountability.
- The service had adapted service delivery in line with current coronavirus guidance. Staff were aware of the processes to follow, and staff maintained social distancing within the environment and masks were worn in the premises.
- Some simple audits had been carried out in relation to IPC, hand hygiene, emergency medicines and equipment and a post-operative infection audit. There were limited arrangements in place to share learning internally and externally.
- At the time of our visit, audits in relation to clinician prescribing patterns were not in place. Following our feedback, the provider undertook to consider introducing a system to review this evidence and develop opportunities for more shared learning.
- There were clear arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Plans were in place to migrate to a paperless system on 1 March 2022.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- A range of risk assessments had been completed which pertained to maintaining a safe environment for staff and patients.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to performance. Performance information was combined with the views of patients.
- Quarterly governance meetings were held where a range of issues were discussed, including service improvement plans, patient feedback, audits, patient safety alerts and health and safety issues.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, with consultative support from a local GP there were plans in place to introduce bespoke services for menopausal women.
- There were plans to extend community engagement activity, and services designed to meet the holistic needs of menopausal women were in development at the time of our visit.
- There were no formal processes for staff feedback in place. However, all staff told us they attended meetings and were able to give their views and make suggestions at such meetings.

Are services well-led?

Continuous improvement and innovation

There was evidence of systems and processes for learning, service improvement and innovation.

- The service sought to both maintain and develop the knowledge and learning of staff to enhance the quality of the service delivered.