

CMDSOUZA LTD

# The D'Souza Clinic

## 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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Summary of findings

## Overall summary

This was a focused follow up inspection to determine whether concerns from our previous inspection on 30 April to 1 May 2019 had been resolved. We did not rate this service at this inspection. The previous overall rating remains.

Our rating of this location stayed the same.

- The provider has complied with the Requirement Notice issued in June 2019. The provider had made improvements to ensure that all relevant staff completed mandatory training as per policy.
- The provider had made improvements to ensure that there was a formal induction process for all new staff.
- The provider had made improvements to ensure that staff were aware of how to report an incident.
- The provider had made improvements to ensure that all relevant staff were aware of the clinics policies.
- The provider had made improvements to ensure that correct Disclosure and Barring Service (DBS) checks were in place for all staff.

However:

- We found although the provider had a level 3 qualified safeguarding lead, this was not in accordance with intercollegiate guidance which requires providers to have a level 4 qualified safeguarding named professional. Following our inspection the provider informed us that they had sourced a level 4 named professional.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Surgery

Inspected but not rated



Our rating of this service stayed the same. We did not rate this service overall because there was insufficient evidence. Please see the overall summary above for details.

This was a focused follow up inspection to investigate whether concerns from our previous inspection on 30 April to 1 May 2019 had been resolved. We did not rate this service at this inspection. The previous overall rating of insufficient evidence to rate remains.

At this inspection we found:

- The provider had complied with the requirements of the Requirement Notice issued in June 2019. However, we also found the provider did not have a level 4 qualified named professional for safeguarding, this was not in accordance with intercollegiate guidance. Following our inspection the provider informed us they had sourced a level 4 qualified named professional.

# Summary of findings

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# Summary of this inspection

## Background to The D'Souza Clinic

The D'Souza Clinic is operated by CMDSouza LTD. It is a private clinic in London. The D'Souza Clinic provides consultations, examinations, and day case hair transplant surgery. The service opened at its current location in December 2018.

Mr Christopher D'Souza is the registered manager, as well as the nominated individual and the medical director of the service. Mr D'Souza is responsible for running the service on a day-to-day basis. Mr. D'Souza is the sole provider of the service with experience in hair transplant surgery and is registered with the General Medical Council (GMC).

The business has been in operation since January 2018. There is a shared reception area where patients are met and taken through to the clinic room. There are accessible facilities for any patient with mobility issues. For example, there are ramps and a lift to upper floors.

The main service provided by this clinic is independent surgical treatment for hair restoration called Follicular Unit Extraction (FUE) and Follicular Unit Transplant (FUT), using local anaesthetic.

The service has no inpatient beds. Facilities include one clinical room with an operating chair and microscopes. The provider does not have overall responsibility for maintaining the building, but obtains assurances of maintenance and upkeep from the premise's provider.

The provider employs four staff. The hair technicians are hired on an ad hoc basis to support the surgeon for procedures as required. A virtual personal assistant (PA) service is provided by an external company for managing new and follow-up appointments, and organising and booking procedures.

All patients are self-referrals and privately funded.

The clinic is open Monday to Friday from 9am to 5pm and appointment times are generally held between 10am to 4pm. Patients are seen by appointment only. Patients who have had a hair transplant procedure have access to the surgeon via a dedicated number which they are given following their procedure.

## How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

We inspected the D'Souza Clinic on 28 September 2021 using our focused inspection methodology. We inspected the hair transplant service to see if improvements had been made since our last inspection and to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in June 2019.

We gave the provider 48 hours' notice of our inspection to ensure the provider could accommodate us in accordance with government COVID-19 guidelines.

During this inspection, the team visited the clinic and spoke with two members of staff, including the registered manager. The team also reviewed policies and four staff records.

## Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.




# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Insufficient evidence to rate	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

# Surgery

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Well-led	Insufficient evidence to rate 

## Are Surgery safe?

Inspected but not rated 

Our rating of safe stayed the same..

**During this inspection we looked at specific aspects of the safe domain to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in June 2019. We were assured that the provider was now compliant in the safe domain with these requirements. However, we also found the provider did not have a level 4 safeguarding named professional in accordance with intercollegiate guidance.**

### Mandatory training

**The service made sure staff completed mandatory training in key skills.**

- During our previous inspection, 30 April to 1 May 2019, we found the service did not consistently make sure that staff completed mandatory training in key skills. During this inspection we found the surgeon had completed training modules in accordance with the provider's policy, including fire safety, infection control, COVID-19, Control of Substances Hazardous to Health (COSHH), health and safety at work, and anaphylaxis (a severe, potentially life-threatening allergic reaction). All training records we viewed were up to date.
- Hair Technicians (HT) were employed on an ad hoc basis. In our previous report we found, inconsistency in other training records. During this inspection we found the clinic kept up to date training records of all hair technicians (HTs) mandatory training. The provider used a colour coding system to ensure that only those staff that had all relevant training were hired to support a procedure.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, the provider did not have a level 4 named professional for adult safeguarding in accordance with intercollegiate guidance.**

- The registered manager was the safeguarding lead for the service and had completed safeguarding vulnerable adults level three training and safeguarding children level three training. All staff had completed safeguarding adults' level two and safeguarding children level two.
- Although staff had training on how to recognise and report abuse. During this inspection we found the provider did not have a level four qualified named professional. This was not in accordance with guidance in the intercollegiate document 'Adult Safeguarding: Roles and Competencies for Health Care Staff', July 2018. Following our inspection the provider informed us that they had sourced a level 4 named professional.



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- Between May 2019 and September 2021, the clinic did not report any safeguarding concerns to the local authority and no notifications were recorded by the CQC. However, the provider was clear on how they would do this and who else to inform if any concerns were raised by other staff.

## Environment and equipment

### **The service had suitable premises and equipment and looked after them well.**

- During our previous inspection we found the service had not carried out any risk assessment to ensure that resuscitation bags were easily accessible in an emergency for staff based on the fourth floor. During this inspection we found the provider had an up to date risk assessment which provided assurance that the location of the resuscitation bag was adequate for the clinic's needs.
- During our previous inspection we found the provider had not completed a control of substances hazardous to health (COSHH) risk assessment at the time of the inspection. During this inspection we saw the provider had implemented a COSHH assessment and this had been reviewed on the 16 September 2021. This gave the provider assurance that flammable substances within the clinic were kept locked and stored safely.

## Assessing and responding to patient risk

### **Staff were aware of the providers procedures for managing a deteriorating patient.**

- During our previous inspection we found the surgeon understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The surgeon had undertaken basic life support (BLS) training. In the event of any emergency, 999 would be called. However, there was no documented flow chart for the deteriorating patient. During this inspection we found the provider had a patient transfer policy, dated 1 January 2021, this clearly indicated actions staff should take in the event of a patient deteriorating in the clinic. The provider's staff training spreadsheet also recorded that all staff had up to date training in basic life support.

## Records

### **The service kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**

- During our previous inspection the provider informed us that majority of the patients would not want their GP to be informed about their treatment. At our previous inspection we found patients were asked for consent to contact their GP at the initial consultation and did so where appropriate, but this was not documented clearly within patient notes. However, during this inspection we saw the service had introduced a consent form which clearly recorded when patients had been asked for consent to contact their GP. The provider told us this was now embedded and part of the clinic's consent procedures. All patients were asked if they consented to their GP being contacted. We saw three completed consent forms, one of which recorded a patient's signed consent to contact their GP. However, consent forms recorded that consent to contact the patient's GP had been discussed with the patient.

## Medicines

### **The service managed patients' medicines well.**

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- During our previous inspection we found that there was no pharmaceutical waste bin within the building. During this inspection we found the provider had reviewed the disposal processes for medicines. We saw a pharmaceutical waste bin in the clinic. The clinic was in a shared building with other health care providers. The provider had a contract with the owner of the building for disposal of pharmaceutical waste.
- During our previous inspection we found the provider had limited understanding of systems that were in place for receiving, disseminating and acting on patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA). The provider had provided evidence that they had implemented a system following our previous inspection. During this inspection we found the provider had a new clinic manager in place. The manager had emailed all staff on 24 September 2021 to inform them they would be responsible for informing staff of any information relevant to the service from MHRA alerts, and they would be responsible for informing staff of any actions required as a result of a MHRA alert. The clinic manager told us this would be part of their role going forwards.

## Incidents

### The service managed patient safety incidents well.

- During our previous inspection, the hair technicians (HTs) we spoke with, were not aware of any formal incident reporting system. However, during this inspection we saw an email which had been sent to all staff explaining the incident policy, including reporting to the provider without delay, and explaining where incident reporting forms were located.

## Are Surgery effective?

Our rating of effective stayed the same.

**During this inspection we looked at specific aspects of the effective domain to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in June 2019. We were assured that the provider was now compliant in the effective domain with these requirements.**

## Evidence based care and treatment

### The service provided care and treatment based on national guidance and evidence of its effectiveness.

- During our previous inspection we found policies and procedures were not shared with hair technicians. During this inspection we found staff were required to sign policies and procedures as evidence they were aware of them. Furthermore, the new clinic manager had sent all staff an email on 24 September 2021 informing them that the clinic manager would be responsible for informing staff of updates to policies and procedures going forward.

## Competent staff

### The service made sure staff were competent for their roles.

- At the time of our previous inspection we found although the service made sure staff were competent for their roles Disclosure and Barring Service (DBS) certificates held within staff files were not in accordance with the provider's policy, (DBS checks identify whether a person has a criminal record or is on an list of people barred from working in

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roles where they may have contact with children or adults who may be vulnerable). However, during this inspection we found the provider had carried out staff checks at the time of recruitment or hiring of new staff. DBS checks had been undertaken on all staff members. We reviewed four staff records and found all these staff had DBS certificates in accordance with the provider's policy.

- During our previous inspection the provider told us that there was an induction programme for all staff, but no formal checklist or record was kept of this induction. During this inspection we viewed four staff files. We found all these staff had documented records of induction. The date staff completed their induction was also recorded on the provider's staff training and induction spreadsheet, to enable the provider to monitor when staff had completed their induction.

## Consent

### The provider understood and implemented their responsibilities regarding patients consent to care and treatment

- During our previous inspection we found consent forms were completed and signed electronically. Patients were not offered a copy of the consent form, as there was no option on the form to indicate if a copy had been offered to the patient. However, during this inspection we found consent forms had been redesigned to record when a copy of the consent form had been offered to the patient. We viewed three records which confirmed patients had been offered a copy of their consent form.
- During our previous inspection we found consent for the use and retention of medical photographs was not documented on the three consent forms we viewed. During this inspection we viewed three consent forms and found consent for the use and retention of medical photographs was clearly documented on the form. The provider told us this was embedded in the clinic's consent process.

## Are Surgery well-led?

Insufficient evidence to rate 

Our rating of well-led stayed the same.

**During this inspection we looked at specific aspects of the well-led domain to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in June 2019. We were assured that the provider was now compliant in the well-led domain with these requirements.**

- During our previous inspection we were unable to verify the effectiveness of the provider's risk management system as it was recently established. During this inspection we found the provider kept a risk register to manage clinical and non-clinical risks.
- The risk register recorded the location of risks, a brief analysis of the risk, a description of the risk, a severity and likelihood rating of identified risks, any mitigation measures the provider had in place to address the risk, the responsible person to manage the risk and a target date for review. During our previous inspection, 30 April to 1 May 2019, we found the risk register contained only health and safety risks. However, during this inspection we found clinical risks had been identified and included on the risk register. For example, wound pain, wound swelling and excessive bleeding from the patient's scalp or hairline area. This provided the clinic with assurances that the risk register reflected both clinical and non-clinical risks.
- The provider had a new clinic manager, an aspect of their role was to provide regular review the risk register.