

Harley Street Private Practice Limited

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

We rated it as requires improvement because:

- The service did not ensure all single use consumables were in date. We found 57 microlance 3 needles which were out of date.
- The service did not ensure all the policies were version controlled and dated.
- Leaders did not run services well or support staff to develop their skills.
- At the time of inspection we did not see evidence of a medication audit trail.
- Medication strips we saw had been removed from the original packaging and placed inside a white box. The box had handwritten information on it.
- There was a lack of understanding and assurance that the risk register had been embedded into practice and was being monitored.

However:

- The service had enough staff to care for patients and keep them safe. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- People could access the service when they needed it and did not have to wait too long for treatment.
- Staff were focused on the needs of patients receiving care. The service engaged well with patients to plan and manage services.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Requires Improvement



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However:

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- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- People could access the service when they needed it and did not have to wait too long for treatment.
- Staff were focused on the needs of patients receiving care. The service engaged well with patients to plan and manage services.
- Leaders did not run services well or support staff to develop their skills.

Summary of findings

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Summary of this inspection

Background to Harley Street Private Practice Limited

Harley Street Private Practice is operated by Harley Street Private Practice Limited. The service was registered by CQC on 21 April 2021. The service provides day case surgical hair transplant procedures to private patients over the age of 18. The service provided hair transplants using the follicular unit extraction (FUE) method. All procedures were undertaken using local anaesthesia. The service started to see and treat patients from April 2021. Between May 2022 and May 2023, the service had completed 72 follicular unit extraction (FUE) hair transplant surgeries.

The service is registered to provide the following regulated activities: surgical procedures, diagnostic and screening procedures and treatment of disease, disorder and injury.

There has been a registered manager in post since the service registered with CQC.

All patients were self-referrals and privately funded.

The clinic was open on Tuesdays and Saturdays for surgery and Wednesdays and Fridays for consultations. Patients were seen by appointment only. Patients who have had a hair transplant procedure had access to the surgeon via email and a telephone number which they were given following their procedure.

This is the first time we inspected this location.

During the inspection we spoke with the registered manager and the self-employed consultant. We spoke with three patients and examined four sets of patient records.

How we carried out this inspection

We inspected the service using our comprehensive inspection methodology. The inspection was unannounced on 28 March 2023 and announced on 25 May 2023.

The team that inspected the service comprised of a CQC lead inspector and one specialist advisor. The inspection team was overseen by Hazel Roberts, Deputy Director of Operations.

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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure they have an understanding of the risk register and provide assurance that the risk register had been embedded into practice and is being monitored. (Regulation 17(2)(b))

Action the service SHOULD take to improve:

- The service should ensure all single use consumables were in date.
- The service should ensure all the policies were version controlled and dated.
- The service should ensure the proper and safe management of medicines.
- The service should ensure they continue to monitor mandatory training effectively.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Surgery

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

Is the service safe?

Requires Improvement 

Mandatory training

The service did not directly provide mandatory training in key skills to staff. The service monitored training compliance of self-employed staff, however not all staff had completed their mandatory training.

The service did not employ any members of staff. All staff were self-employed.

The registered manager told us self-employed staff had completed their mandatory training which met the needs of patients. We were told self-employed staff worked at other hair transplant services and completed their mandatory training themselves. The registered manager asked staff to provide proof of this training being completed. The service received certificates to show mandatory training had been completed.

Following the inspection, we requested training compliance records for all staff. The service had a training spreadsheet that recorded when each staff member's training would expire. The service provided staff mandatory training completion rates which included mandatory training for fire safety, basic life support, moving and handling and infection control and prevention. We saw there was 82% compliance with mandatory training modules overall.

We were told the registered manager would monitor mandatory training. At the time of inspection, we were not provided with any information to show how mandatory training was monitored. Following the inspection, the service provided evidence of how they now monitor mandatory training.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff had received safeguarding training to the specific level required for their role. Due to the type of service, we did not speak with any staff members. The registered manager was the safeguarding lead for the service. At the time of inspection, the registered manager had not completed safeguarding adults or children level 3 training. The registered manager was trained to safeguarding adults and children level 2. Following the inspection, the registered manager completed safeguarding adults and children level 3 training.

The service had a safeguarding policy which was updated and scheduled for review in 2024.

Surgery

The safeguarding policy had the local authority safeguarding team and contact details and included the name of the registered manager as the safeguarding lead.

Information provided by the provider confirmed 100% of staff had completed safeguarding adults level 2 training.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Treatment and non-treatment areas were visibly clean and had suitable furnishings which were dust free and well-maintained. The treatment couch was clean and wipeable, and pedal bins were in use to minimise risk of infection.

Daily cleaning records were up to date and infection control checks had been completed daily. High and low surfaces in the treatment rooms were free from dust.

Hair transplant surgery is performed under sterile conditions using full aseptic technique. Only one patient, per room, per day can be treated at this service. We were told staff would clean down the couch and all portable equipment in the morning to prepare the room and after each treatment. The surgical assistants would use a disposable mop.

There was an infection prevention and control (IPC) policy which referenced current legislation and relevant guidelines. One out of seven members of staff had not completed infection prevention and control (IPC) training in line with the services policy which states all staff should complete comprehensive IPC training on induction.

Staff followed IPC principles including the use of personal protective equipment (PPE). There were adequate supplies of PPE including gloves which were latex free. The registered manager told us they wore effective PPE whilst in the operating room such as surgical cap, gowns, gloves, and a face mask. The surgical gowns were provided in the surgical packs and were single use.

Effective handwashing posters were displayed above the sink, which demonstrated best practice handwashing techniques with a step-by-step guide.

The service generally performed well for cleanliness. Staff cleaned the treatment room after every patient and daily cleaning staff came and carried out a general clean after the service had closed.

We viewed cleaning records for April 2022 and found the records were complete and up to date.

We looked at the IPC audit for hand cleanliness, PPE, and general cleanliness. The service scored 89% in April 2023 and 100% in May 2023. The audit outlined areas of improvement. The service had not set a date for the next PPE audit.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The service had sinks which were designated for hand washing and the room was well ventilated.

Surgery

The service was within a shared building. The building had a robust fire safety process which included weekly checks of fire alarms. Fire exits were clearly displayed, and the meeting point was known to the registered manager.

However, the service did not follow Control of Substances Hazardous to Health (COSHH) regulations, as cleaning products were stored in an unlocked cupboard. There was no signage to indicate the presence of potentially harmful substances. The service had deemed the risks to patients and members of the public as very low as it was a very small service, and patients would always be chaperoned by a member of staff.

Staff carried out daily safety checks of specialist equipment. Staff followed daily decontamination room checklists which included cleaning all areas of the treatment couch, surfaces, and doors. Staff signed when they had carried out all tasks within the checklist.

Most equipment were single use items and were included within the custom-made surgical packs manufactured by a third party. These were custom made to the service and sterile. Inside the packs there was a drape for the surgical bed, a drape for the trolley, medical swabs, needles, syringes, gallipots, and an absorbent sheet to cover the patient and their clothing. The quantity and items within the pack were custom made to the registered managers requirements. The registered manager had increased the number of absorbent pads within the surgical packs so the patient could take some home.

However, we found 57 microlance 3 needles which were out of date single use consumables. We notified the registered manager who removed the out-of-date consumables and replaced them with consumables that were in date.

The service had a service level agreement with a third party for the sterilisation of equipment. Equipment which required sterilisation was put into a blue box and sent for sterilisation as and when required.

We were given a copy of the portable appliance test (PAT) completion certificate which showed the electrical appliances at the service had been tested and had passed.

The service had enough suitable equipment to help them to safely care for patients. Emergency medicines and equipment were readily available to keep people safe in a medical emergency. This included oxygen and medical emergency medicines. However, we found the medical emergency medicines had been removed from the original packaging and placed within a white box. The batch number and expiry date of the medicines were no longer on the medication strip. The service took immediate action following feedback from the CQC inspection team and replaced those medical emergency medicines with new ones.

The service had recently implemented a quality assurance check where expiry dates of these medicines and equipment were checked weekly. The equipment was stored securely but allowed for easy access.

We saw that daily checks were completed on the medicine's fridge, and these were up to date.

Staff disposed of clinical waste safely. Clinical and normal waste disposal was part of the service contract for the building. Clinical waste was discarded into orange clinical waste bags. Orange clinical waste bags were used for infectious or potentially infectious clinical waste contaminated with blood or bodily fluids. Waste was securely stored in the basement and collected every week. The clinical waste bin in the basement had the name of the service on it and was locked.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Surgery

Staff monitored patients regularly to identify deteriorating patients and escalated them appropriately. The surgeon took blood pressure and reviewed the patient's appearance throughout a follicular unit extraction (FUE) hair transplant procedure to monitor the patient. The surgeon told us he did not use a pain scoring tool but asked the patient about their pain level throughout the procedure. The surgeon told us paracetamol was provided to the patient during the procedure and pain was well controlled.

Medical emergency equipment, oxygen and medical emergency medicines were readily available if a patient were to deteriorate.

The mandatory training spreadsheet provided by the service showed one member of staff out of seven had not completed basic life support training. All other staff members had completed more advance life support training.

Due to the type of service, we were unable to complete any patient observations. We were told an initial video consultation or face to face consultation would be undertaken by the surgeon. Patients would complete an in-depth pre and post questionnaire. This was reviewed by the surgeon prior to any surgery. Patient allergies were documented in the pre-questionnaire form. This was checked and confirmed with the patient by the surgeon.

All patients undergoing treatment were subject to an initial assessment during their initial consultation. A risk assessment was undertaken on the day of treatment.

The main risks following FUE hair transplant surgery were infection, swelling, bleeding, scarring, numbness in the area and depletion of the donor hair. Risks were discussed in detail as part of the consent procedure and patient's expectations on the outcome were managed accordingly.

Patients were given comprehensive aftercare instructions and were supplied with the medicines and products required to reduce the incidence of post-operative complications. The aftercare plan detailed what steps the patients should take and at what time, for the 14 days following the surgery. These included measures such as what time to take pain relief, diet and washing instructions.

We examined four patient records randomly chosen by the registered manager. All the records showed an assessment of suitability for the procedure, clinical observations, and the patient's consent to the procedure.

Post operatively, patients had access to the surgeon's telephone number and email address 24/7. The surgeon/registered manager told us they would call the patient the day after the surgery for a follow up discussion.

Staffing

The service had enough staff with the right qualifications, skills, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough staff to keep patients safe. The service was a small service and did not employ any staff. The service contacted regular hair transplant assistants who were self-employed and assisted the surgeon during hair transplant surgery. The service was staffed when patients were booked in for a procedure. The service would complete one procedure a day.

The service also had a self-employed external advisor. The registered manager oversaw the governance and running of the service.

Surgery

The registered manager accurately calculated and reviewed the number of hair transplant assistants needed for each shift. At the time of the inspection, the service completed two follicular unit extraction (FUE) hair transplant surgeries per week, and only opened when required. The ratio of hair transplant assistants required per surgical procedure depended on the number of grafts required. The average is two to five hair transplant assistants per case.

Hair transplant assistants had previous experience in hair surgery, they were clinically assessed by the registered manager prior to commencing working at the service to ensure they had the necessary skills. All self-employed staff received an induction into the service. This included an orientation of the building.

The induction checklists were signed off by the registered manager once each parameter had been completed. All hair transplant assistants worked closely and under the supervision of the registered manager.

We saw all staff had an up-to-date disclosure and barring service (DBS) certificate.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Records were paper based. They included consent forms and terms and conditions, which were signed and dated by the patient and the surgeon and showed that they had understood the risks and benefits of the treatment.

Patients completed a pre-consultation questionnaire which highlighted their concerns, and any other issues before their initial consultation.

Records were stored securely. Paper records were stored within a locked cupboard within the clinic.

We saw the records policy which was in date and version controlled. The policy included accessing, retention and confidentiality of patient records.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. The service used local anaesthetics to numb the treatment area. Patients were given paracetamol to take home following the procedure.

We were provided with a copy of the medicines management policy issued in May 2023. It provided staff with information about the storage and disposal of medicines.

We found emergency medicines in a lower cupboard in an emergency medicines box which were not in the original packaging. Two medicines had been placed in two white boxes and manually labelled. These medicines were missing batch numbers, and we could not identify the expiry date on the strip of medication. On the day of the inspection the registered manager took action and replaced these medications.

Staff completed medicines records accurately and kept them up-to-date. All patient medicines records were clear and up to date. Each time medicine was used, staff signed the log sheet to confirm that medication had been used.

Surgery

With the exception of emergency medicines, staff stored and managed all medicines safely.

The registered manager completed antimicrobial prescribing audits. We saw audits for the last 6 months which included information about the antibiotic name, the dose prescribed and the duration it was prescribed for.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team.

There were no incidents reported in the last 12 months. However, the registered manager told us any incidents involving patients would be recorded in the patient's notes.

The registered manager told us any incidents would be reported directly to him. The registered manager told us these incidents would be investigated immediately and the patient would be informed of any investigation and conclusion.

We saw the serious incident investigation process and the incident reporting policy. These were in date and version controlled.

Is the service effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. They followed guidance on hair transplant surgery standards from the following organisations:

Cosmetic Practice Standards Authority (CPSA)

The British Association of Hair Restoration Surgery (BAHRS)

The BAHRS provided guidance on clinical standards and professional standards for hair transplant surgeons. The CPSA provided guidance on hair transplant surgery standards, including the risks to patients, the requirements for the clinical environment and education and training requirements.

The surgeon routinely assessed the psychological and emotional needs of patients. All patients completed a psychological assessment with the surgeon as part of the consent process.

We reviewed the service's full set of policies which were kept in a folder behind the reception desk in the service. All policies were also accessible electronically. Some of the policies we saw were not version controlled or dated. We were told the service was in the process of changing all the policies to ensure they had dates and were version controlled. The registered manager told us the policies would be reviewed annually.

Surgery

Nutrition and hydration

Staff gave patients enough food and drink during their surgical appointment.

Hair transplant procedures took on average 12 hours. Patients were offered breaks, where they were provided with water, tea and coffee. Patients had a choice of food which was delivered for their lunch, including halal options.

Patients we spoke with confirmed their dietary needs and preferences were discussed and the food they received on the day of their procedure was edible and reflected their preferences.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They gave additional pain relief to ease pain.

All procedures were performed under local anaesthetic. The surgeon did not use a pain scoring tool but asked patients about their pain level throughout the procedure.

Patients we spoke with told us they were regularly asked whether they were experiencing any pain by the surgeon during their procedure.

Patients received pain relief soon after requesting it. Paracetamol pain relief were dispensed both during and following the procedure. Patients we spoke with described feeling very little pain and discomfort.

Staff prescribed, administered and recorded pain relief accurately. All pain relief administered during procedures was recorded in the patient's notes.

Each patient was given a post-op pack containing detailed ongoing care advice specific to the procedure they had, medication and contact telephone numbers if they had any concerns.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

Patients had an initial consultation with the surgeon, who would assess their suitability for treatment and advised approximately how many hair follicles were required to be transplanted, for an expected result.

The service monitored patient outcomes by patient contact on the day after treatment, and again at two weeks follow up, six months and one year. Photographs of pre and post treatment and immediately after the surgery were taken to make comparisons, as well as gaining patient feedback on the whole experience.

We spoke with three patients who all told us they had been informed by the service of what outcomes they could expect from their hair transplant.

Patient feedback and outcomes were discussed with staff. Often when feedback has been received this was shared with staff as soon as possible and sooner than staff meetings.

There were no national standards for this type of surgery and no set objectives could be measured. All patients spoken with were very happy with their outcomes so far.

Surgery

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The surgeon was registered with the General Medical Council (GMC). The surgeon engaged regularly with other professionals in the hair transplant field to ensure their knowledge and skills remained current in their specialist area.

The registered manager told us all self-employed hair transplant assistants were experienced with previous experience of extraction, cleaning and implanting.

All staff had current and up to date disclosure and barring service (DBS) certificates.

Managers gave all new staff a full induction tailored to their role before they started work. Staff had the opportunity to discuss training needs with the registered manager and were supported to develop their skills and knowledge.

Staff did not receive appraisals with the service as they were self-employed. However, staff were continually monitored working in a close environment with the surgeon/registered manager on treatment days. Performance and techniques were a continuous discussion with staff members.

The registered manager made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were conducted monthly. They were used as an opportunity to discuss any concerns or any updates.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

We were told there was a close professional working relationship with the surgeon and hair transplant assistants to ensure they provided good patient care.

We were told the surgeon would refer patients back to their GP for mental health assessments when they showed signs of mental ill health, such as depression.

Seven-day services

Key services were available to support timely patient care.

The service opened on a Tuesday and a Saturday for surgical procedures. The service was flexible with their timings to suit the patients needs. The service operated on other days of the week to hold consultations, usually Wednesdays and Fridays.

Patients were able to contact a surgeon seven days a week post operatively. Patients we spoke with felt reassured that they could communicate with the service should they wish to after their procedure.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Surgery

The surgeon verbally promoted a healthier lifestyle, such as diet advice, smoking cessation following surgery and advice on alcohol consumption, but did not have written information to support this.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

The surgeon gained consent from patients for their care and treatment in line with legislation and guidance. The surgeon made sure patients consented to treatment based on all the information available. All treatment options were explained including the option not to proceed with treatment.

All the patients we spoke with said they had been asked for verbal consent and written consent at both the initial consultation and on the day of their procedure.

The surgeon clearly recorded consent on the patients' records and documented that the consent form had been offered to the patient. Risks and benefits to surgery was clearly discussed and documented on the consent form.

Patients lacking capacity to consent were not treated at this service.

Is the service caring?

Good 

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. We spoke with three patients and reviewed the online patient feedback forum. The service received 22 online positive reviews. All the feedback from patients was consistently positive.

As FUE hair transplant surgery took an average of 12 hours, patients were made to feel at home on the day of the procedure. Only one patient would be treated in any day, and they had a team of staff dedicated solely to their needs. One patient said, "I felt welcomed from the beginning. I was treated very professionally, and it was a smooth process." Another patient said, "I was able to contact the surgeon directly before and after the procedure which made me feel less anxious".

Patients told us staff took time to interact with them in a respectful and considerate way. Patients we spoke with told us they would recommend the service to their friends and family.

Patients said staff treated them well and with kindness. Feedback from patients we spoke with was positive and complementary.

Staff followed policy to keep patient care and treatment confidential. Patients consented if any photographs that were made for treating and assessing their care were to be used for any other purpose, including education or publication for advertisement purposes.

Surgery

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients were asked about their needs at the initial consultation. Staff said this mainly related to food preferences. Patients we spoke with confirmed their personal, cultural and religious needs had been catered for by staff.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients were given a telephone number and a direct email address for the surgeon. Patients could message the surgeon at any time with any questions or queries, either before or after the procedure. One patient told us, "I had many questions prior to agreeing to the surgery and kept messaging with questions and had quick responses."

Staff supported patients who became distressed and helped them maintain their privacy and dignity. Patients told us staff were supportive and aware that patients may be nervous about their procedure.

Another patient said, "They were very supportive during the treatment process and the aftercare was very thorough."

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. Patients told us the surgeon took time to explain the procedure to them. In particular, we were told the surgeon explained the process and likely success rates. All patients we spoke with told us they had received a patient guide prior to their consultation. All patients told us they had received an information leaflet on self-care following their procedure. Patients told us they understood the information they received.

Staff talked with patients in a way they could understand. Patients were provided with written confirmation of the treatment proposed and full costs of treatment. Patients we spoke with confirmed they were clear about the costs of the procedure.

Patients could give feedback on the service and their treatment. A patient we spoke with said the surgeon encouraged them to give feedback and this could be done through giving feedback directly to the CQC.

Staff supported patients to make informed decisions about their care. Patients were provided with verbal and written information about the procedure. They were given time to think about their options and had a 14-day cooling off period if they changed their mind. All three patients we spoke with said the surgeon talked to them about their procedure at the initial stage, and they were provided with a patient information leaflet.

The service had a clinic client guide for patients to read and be aware of the facilities within their establishment. The guide included information about the clinic's terms and conditions, deposit and cancellations.

The service was tailored to the needs of the patients and provided a clinical and welcoming environment for the patients' surgery. Patients gave positive feedback about the service. Patients could give feedback on the service and their treatment online. All the feedback online we reviewed was positive.

Surgery

Is the service responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people.

Managers planned and organised services, so they met the needs of their patients. The service provided procedures for patients mainly from the UK.

Facilities and premises were appropriate for the services being delivered. The service was based in a shared building at 107 Harley Street, London, W1G 6AL.

The service was based on the first floor and the consultation room was joined with the surgery room.

The service offered a paid transport service to take patients home after the procedure. The transport service was a reputable chauffeur company.

Patients had access to a receptionist and waiting area on the ground floor. The reception staff were employed by the owners of the building and provided as part of the service's lease agreement. Reception staff signed patients into the logbook and informed the service of their arrival.

The building did not have a lift. The registered manager told us patient mobility was discussed at the initial consultation and patients were informed if the service could not accommodate their mobility needs. The registered manager told us patients requiring wheelchair access were referred to another clinic. However, due to the type of service, this was a rare occurrence.

Managers monitored and took action to minimise missed appointments. The service kept in close contact with all patients before their appointments. The registered manager told us it was very rare that appointments would be cancelled. However, if patients were to miss appointments, the registered manager would call the patient and rebook their appointment.

The service did not have facilities for inpatients. All patients attending the service were day care patients. This meant they received all their care and treatment in one day.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service was flexible, and people's needs, and preferences were met.

The appointment system was easy to use and supported people to access appointments. The service had a very personal approach and patients could arrange an appointment directly with the registered manager by telephone or make an enquiry using the service's website.

Surgery

Staff made sure patients living with mental health conditions received the necessary care to meet all their needs. The surgeon assessed patients' suitability before deciding if the procedure was suitable for each individual.

The service did not have information leaflets available in other languages. However, we were told most patients spoke English and the manager told us an interpreter service would be arranged if needed.

The service did not have a hearing loop for patients who were hard of hearing. The registered manager said they would arrange for a hearing loop to be installed if they had a patient who was hard of hearing.

Patients were given a choice of food and drink to meet their cultural and religious preferences. They could choose whatever meal they wanted for their lunch. The service offered a three-course menu, and this was collected and delivered to the patient.

The service had a television in the clinical room. Patients could choose what they wanted to watch or could listen to music of their choice during their procedure.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed. Initial consultations were offered in person or via video call.

New patient enquires were responded to within one to three days of making a request and were booked in for surgery approximately four weeks from their consultation date. A choice of dates were offered for surgery to suit the personal preference of the patient.

Patients had a two-week cooling off period following their initial agreement to receive the procedure. Consultations were booked in as soon as possible at the most convenient time for the patient. Earliest dates for surgery were discussed at consultation.

Patients were reviewed post-operatively by the surgeon and patients were provided with the surgeon's contact details should they have any concerns following their procedure. Patients were contacted by the surgeon on the day following their procedure. Patients were again reviewed by the surgeon at intervals up to twelve months.

Appropriate numbers of staff worked on surgical days to make sure patients did not stay longer than they needed.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients knew how to complain or raise concerns. Patients were encouraged to use different methods for making complaints or leaving feedback such as online, emails and phone calls.

Surgery

There was a complaint policy available for staff to follow should there be a complaint. This was version controlled and in date.

The service did not display information about how to raise a concern in patient areas. However, patients were given aftercare information after their procedure and were informed how to give feedback on their experience. Patient could email the service directly if they wanted to complain.

The registered manager told us they had received two complaints and they worked hard to manage the expectations of patients. Each complaint was investigated on a case-by-case basis.

The registered manager investigated complaints. The registered manager shared feedback from complaints with staff and learning was used to improve the service. The manager made changes to the service as a direct response from patient feedback. For example, the service received a suggestion to provide halal meal options. The service now offered halal meal options to patients.

Is the service well-led?

Requires Improvement 

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The service did not employ any staff and was run by the registered manager. The registered manager was the only surgeon that treated patients at the service. The surgeon chose each hair transplant assistant and worked closely with them.

There was no senior leadership team. The registered manager was visible and approachable.

The registered manager told us he would attend external conferences to keep his knowledge in the field up to date. This information was shared with the regular self-employed hair transplant assistants. The registered manager had a genuine interest for staff development and told us he encouraged self-employed hair transplant assistants to attend external talks.

Vision and Strategy

The service had a vision for what it wanted to achieve.

On the day of inspection, the registered manager told us his strategy was to be awesome and the best in hair transplant. Following the inspection, we were provided with a vision and strategy document which was dated 26 May 2023. At the time of the inspection, we did not see the services vision displayed in the service.

The vision discussed providing personalised treatments, achieving outstanding results in a comfortable and confidential environment. The registered manager understood that in order to achieve the vision, they needed to develop good relationships with patients and build trust.

The service's strategy included information about high-quality care, continuous learning and improvement and staying up to date with the latest advancements in hair restoration research.

Surgery

The surgeon was passionate about providing a good service for patients who paid for the service. They showed commitment to achieve the best possible and safest outcome for their patient.

Culture

Staff were focused on the needs of patients receiving care. The service had an open culture where patients could raise concerns without fear.

On the day of inspection, we were unable to speak to any self-employed members of staff as they were not onsite. We spoke with the registered manager and a new self-employed staff member who had recently been contracted to focus on governance.

Governance

Leaders did not operate effective governance processes throughout the service.

We found there was limited oversight over the service's governance processes. For example, there was limited awareness of record management, no governance meeting minutes were provided, medicines were not managed effectively and not all policies were version controlled or dated.

The service held quarterly medical advisory committee meetings. We were provided with the medical advisory committee meeting minutes for one meeting. The meeting discussed best practice for emergency equipment, drugs and weekly checklists.

The service held monthly staff meetings which were attended by all staff. We looked at the minutes of several meetings. The minutes did not include any standardised items however, the minutes included information that was currently going on in the service.

Management of risk, issues and performance

Leaders did not use systems to manage performance effectively. They did not identify and escalate relevant risks and issues and identified actions to reduce their impact. The service had plans to cope with unexpected events.

We saw limited evidence that the service used systems to manage performance effectively. Leaders of the service did not demonstrate they had the knowledge or experience to fully embed systems to manage performance.

The service did not detail risks relating to the service. The registered manager had a lack of understanding on what constituted a risk, any mitigations or actions. On the day of inspection, the service did not have a risk register or any other similar document in place. On the day of inspection, the registered manager could not articulate the top risks to the service meaning comprehensive assurance systems around managing risk, issues and performance were not in place. Following the inspection, we were provided with a risk register document from the service. The risk register was produced after the inspection; we could not be assured that this had been embedded into practice.

The service had not recorded any incidents in the 12 months preceding the inspection but had incident log sheets readily available. The registered manager of the service was able to describe what steps would be taken in the event of an incident.

The service had a health and safety policy which contained the procedures for staff to follow in the case of unexpected events.

Surgery

The registered manager told us the service conducted regular fire evacuation drills; these were instigated by the owners of the building.

The service had plans to manage unexpected events. Following the inspection, the service provided us with their business continuity plan which was not version controlled. However, the document indicated it would be updated yearly and at every change in personnel. The document included information about the responsibilities of the registered manager and all staff members during an emergency. The document included information about the immediate response following a significant event, evacuation of the building and security of records.

Information Management

The information systems were integrated and secure.

Patients' records were paper based and were stored for a minimum of 7 years, conforming to information governance standards. In addition, the service told us they were looking for an online storage facility for patient records.

The registered manager told us self-employed staff did not have full access to the electronic system which held other confidential information. Self-employed staff had access to patient notes on the day of the surgery.

Engagement

Leaders and staff actively and openly engaged with patients.

Patients we spoke with told us they could directly email or call the registered manager that undertook their procedure. Patients said the registered manager always responded to emails and telephone calls in a timely way.

The service had an easily accessible website where patients were able to contact the service.

All patients were actively encouraged to give feedback on the service through online reviews and give feedback directly to CQC. Feedback was positive, and the service had received two complaints in the year preceding the inspection. All complaints were analysed immediately, and responses were evaluated so that any areas of improvement could be identified.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

The surgeon designed a cap for patients to cover their head following surgery to maintain cleanliness and offer discretion for covering the surgical areas. The cap has two holes in the front for spraying the areas to keep the grafts moist and support the best opportunity for grafts to be effective.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">The service must ensure they have an understanding of the risk register and provide assurance that the risk register had been embedded into practice and is being monitored.
Treatment of disease, disorder or injury	
Diagnostic and screening procedures	