

Whiteson Hair Loss Consultancy Ltd

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Inspection report

The Old Hall Clinic
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Overall summary

We carried out an announced comprehensive inspection on 1 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our key findings were:

- There were appropriate safety systems in place to ensure patients were kept safe.
- Care and treatment was provided in line with national guidance.
- Comprehensive patient records were maintained, demonstrating effective review of care and treatment.
- There were policies and protocols in place to ensure effective governance of the service.
- Patient feedback was consistently, highly complementary about the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Whiteson Hair Loss Consultancy Ltd

Detailed findings

Background to this inspection

Whiteson Hair Loss Consultancy Ltd provides treatment for men and women over 18 years of age who are suffering from hair loss.

Dr Stephen Whiteson is the sole provider and is a qualified medical practitioner, registered with the General Medical Council. Dr Whiteson is registered to provide the regulated activity Treatment of diseases, disorders or injury.

The service is provided from an office within a building providing other health services which are not regulated by the Care Quality Commission:

The Old Hall Clinic

14 Old Hall Road

Gatley

Cheadle

Cheshire

SK8 4BE

There is on road parking close by.

The service is open from 9.30am to 7pm Monday to Friday. Patients are seen by appointment only.

The service has currently 1000 patients undergoing treatments, with 1560 registered patients since the service began 15 years ago.

Our inspection was led by a CQC Inspection Manager.

We used the following methods to gain information about the service:

Interview with the Provider

Review of Patient feedback

Review of Documents including policies and procedures, patient care records and patient guides.

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?

Our findings

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed. The service did not treat under 18 year olds but the provider had safeguarding protocols for adults and children and had undergone safeguarding training for both adults and children, which was not due for renewal until 2020 and 2019 respectively.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a Disclosure and Barring Service (DBS) check. (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).
- The provider effectively managed infection prevention and control. No invasive procedures were undertaken. The treatment consisted of an in-depth consultation and examination of the scalp only. When blood tests were undertaken, sharps were appropriately disposed of in a dated sharps container.
- The health and safety of the building was managed by the building manager who undertook monthly checks. The provider gained assurance that these were undertaken. Portable appliance testing for electrical equipment and fittings had been undertaken in March 2018, however the provider used no equipment apart from a printer. Fire tests had been completed in May 2018, along with a legionella test, with no required action.

Risks to patients

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

- There were no other staff employed by the service.
- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

- The provider had undertaken basic life support training but in the event of any emergency 999 would be called. There was access to a first aid kit and a GP practice across the road from the service.
- There were appropriate building indemnity arrangements in place to cover all potential liabilities. The provider also had current medical indemnity cover.

Information to deliver safe care and treatment

The provider had the information they needed to deliver safe care and treatment to patients.

- Individual care records were hand written and managed in a way that kept patients safe. The care records we reviewed showed that information needed to deliver safe care and treatment was detailed and up to date.
- The service had systems for sharing information with other medical professionals to enable them to deliver safe care and treatment. When required the provider referred patients appropriately. For example, to the patient's own GP or in some cases to an Endocrinologist for further advice.
- The service had a system in place to retain medical records in line with DHSC guidance

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, minimised risks. No prescription stationary was used. The service undertook direct prescribing of medication used in the treatment of hair loss as required. This was appropriately recorded in the patient care records.
- The service carried out regular medicines audit to ensure treatment was in line with best practice guidelines for safe prescribing.
- Processes were in place for checking medicines and the provider maintained accurate records of medicines. Medicines dispensed (lotions and tablets) were kept in a locked cupboard. The temperature of the cupboard was monitored.

Lessons learned and improvements made

Are services safe?

- The provider was aware of what constituted a serious incident or event. A protocol for reviewing and investigating any serious incident was in place. The provider told us that there had never been any serious incident in all the time the service had been delivered.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

- The provider always had enough information to deliver appropriate care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits on the outcomes of treatment.
- The treatment consisted of an in-depth consultation, where comprehensive explanation of the treatments was undertaken and examination of the scalp only. The treatment plan was then agreed and documented via a registration log and treatment record.

Effective staffing

The provider was the only staff member. No other staff were employed.

The provider had the skills, knowledge and experience to carry out their role.

- The provider was appropriately qualified.
- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation.

- The provider attended regular updates and conferences to ensure best practice.

Coordinating patient care and information sharing

The provider worked well with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to additional sources of treatment when indicated.
- All patients were asked for consent to share details of their consultation and relevant blood test results when required with their own GP.

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where patients' needs could not be met by the service, the provider directed them to the appropriate service for their need.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Consent was documented in the registration form and in the on-going patient care record.

Are services caring?

Our findings

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive and highly complementary about how the provider treated them.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Local interpretation services were available for patients who did not have English as a first language. However, due to the specific nature of the treatment provided the

provider told us obtaining an interpreter who was able to understand the technical and detailed nature of the consultation, could be difficult. To date there had been no issues with communication.

- Patients told us through comment cards, that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the treatment available to them.
- Patients praised the provider for the detailed explanation of treatment and also for the emotional support provided during treatment.
- The provider communicated with people in a way that they could understand, for example, diagrammatical explanation of the treatment was utilised.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.
- Consultations were undertaken in a private room, with no direct public access.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

Timely access to the service

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

- Patients had timely access to initial assessment, test results and treatment by appointment.
- Patients were given the provider's mobile number and they were able to contact him at any time.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously, however in 15 years there had never been a verbal or written complaint about the service.

- Information about how to make a complaint or raise concerns was available.
- The service had a complaint policy and this was displayed in the consultation office. Information on how to make a complaint was also included in the patients' guide.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of the service.

Vision and strategy

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

- The service had a business continuity plan to sustain the future of the service

Culture

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

- The service clearly focused on the needs of patients.
- The provider was aware of the requirements of the duty of candour. A protocol was in place.
- Patients' feedback demonstrated the provider ensured a culture that was caring and supportive.
- The provider did not employ any staff.

Governance arrangements

There were systems of accountability to support good governance and management.

- The service was provided by a sole provider, however the provider had a good understanding of the required accountability and governance processes to ensure safe care and treatment.
- Proportionate policy protocols were in place and displayed for all patients to view.

- The provider ensured assurance about the on-going health and safety and maintenance of the building he was located in.

Managing risks, issues and performance

There were clear and effective arrangements for managing risks, issues and performance.

- Clinical audit had a positive impact on quality of care and outcomes for patients. Audits on clinical outcomes were routinely undertaken.
- The provider had appropriate plans in place within the business continuity plan for any major incident.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data and maintaining and storage of patients' records. The patient registration form included information regarding personal data in accordance with the General Data Protection Regulation (GDPR).

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.

The provider had undergone revalidation with the General Medical Council and we saw evidence of training and attendance at relevant events and conferences to maintain current practice.