

Samee British Hair Clinic Ltd

208 Hutton Road - First Floor

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



Summary of findings

Overall summary

This was the first time we had inspected this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have systems and processes in place to monitor the temperature of medicine storage.
- The service did not have an incident log to monitor for themes and trends.
- The service had a risk register which did not include a review date.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Good



This was the first time we had inspected this service.
We rated it as good.
See the summary above for details.

Summary of findings

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Summary of this inspection

Background to 208 Hutton Road - First Floor

The service was run by Samee British Hair Clinic Ltd. The service was a private clinic providing surgical hair transplants and hair solutions to the public situated in Essex. Although it served the population of Essex, patients travel from across the country for treatment.

The service provided follicular unit extraction (FUE) hair transplant. This involves removing hair from one part of the body (usually the back of the head) and implanting it into another area on the head or face. They also provided platelet rich plasma (PRP) as a treatment option for female and male hair loss. It is a non-surgical method of hair regrowth. PRP injections used the patients' own blood plasma and growth factors to target areas of hair loss. Doctors used PRP to encourage the growth of thinning hair and promote the growth of transplanted hair.

The service was registered to provide care, for adults, for the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

There had been a registered manager in place since the clinic opened in 2017.

The service had not reported any never events, any clinical incidents or any serious injuries.

This was the first inspection of this service.

How we carried out 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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action the 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 **SHOULD** take to improve:

- The service should ensure that systems and processes are in place to monitor the temperature of medicines and expiry dates of equipment. (Regulation 12)
- The service should ensure there are systems and process in place to log and review incidents and accidents. (Regulation 17)
- The service should ensure the risk register includes a review date and consider adding operational risks to the risk register. (Regulation 17)

Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

This was the first time we had inspected this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The service had a web based mandatory training programme for the staff to complete. This included basic life support, fire and clinical governance. The registered manager paused face to face training during the pandemic with all training moving to on line modules.

The doctors and hair technicians were not employed by the clinic but were expected to complete mandatory training to enable them to practice at the clinic. Their mandatory training included basic life support training and modules on duty of candour and fluids and nutrition.

A review of four staff files on inspection, demonstrated by certificate evidence, that staff had completed the required mandatory training and training was in date.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager ensured training was completed and at the time of inspection there was 100% compliance.

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.

Staff received training specific for their role on how to recognise and report abuse. Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff completed safeguarding training as part of their mandatory training. Clinical staff completed to a minimum of level two and non-clinical staff to level one. The service had a comprehensive safeguarding policy which included contact details and incident forms. The registered manager was the safeguarding lead and had completed training to level three. Staff knew how to access the policy and could identify the safeguarding lead.

Surgery

Staff could give examples of how to protect patients from discrimination, including those with protected characteristics under the Equality Act. Protected characteristics include age, disability and gender reassignment. The patient services manager described how the service was patient focused and inclusive. Every person was treated as an individual. They spoke of the importance of medical history in assessing if the patient was suitable for treatment and had exclusion criteria in place to safeguard the patient, for example, transgender patients could be on medication or treatment that is a contraindication to treatment at that time. The service had an equal opportunities policy and a privacy and decency policy, which were in date and due to be reviewed in January 2023.

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.

The clinic was visibly clean and had suitable furnishings which were clean and well-maintained. On inspection the clinic was clean and tidy and had hand sanitizer gel freely available. The furniture in all areas, including the waiting rooms, consulting rooms and treatment rooms, was able to be cleaned. All flooring was visibly clean, safe and in good condition. The clinic had recently undergone refurbishment and had been redecorated.

The service performed well for cleanliness. The service used outside contractors for the environmental cleaning, who regularly attended the clinic two or three times a week and were available more frequently if required. The ladies rest room area had a large alcove which housed the locked clinical waste bins and the cleaning equipment. The cleaning items included three colour coded mops and buckets, blue, red and yellow, also colour coded brooms and trays. The mops were visibly clean and no water was left in the buckets. Data from January 2021 to October 2021 supplied by the registered manager after the inspection, demonstrated monthly audit checks by clinic staff ensured the mop head and bucket were inspected and mop heads had been changed after use.

The clinic staff checked the patient restrooms daily, the checks included waste bins, soap and cleanliness. Data supplied post inspection from August 2021- September 2021 confirmed the checks had taken place with any action required clearly documented.

The clinic staff conducted a monthly environmental cleanliness audit which included clinical and non-clinical areas. The September and October 2021 audits were reviewed and all areas were checked and showed good compliance. The audit was signed and dated.

The service completed a weekly health and safety checklist which included checking the floor and skirting was clean and in good condition, a review of the January 2021 – November 2021 checklist demonstrated this had been completed.

The monthly health and safety risk assessment included a daily housekeeping check, the October 2021 risk assessment was completed with no ongoing action noted.

Staff used records to identify how well the service prevented infections. The service had a clinical outcomes tool in place which included adverse events. Infection or abscess formation was a graded adverse event on the tool, for example, 0 indicated no event and II indicated pharmacological treatment. A review of the August 2021 audit of 40 patients, showed zero reported infections.

Surgery

Staff followed infection control principles including the use of personal protective equipment (PPE). The clinic had robust COVID-19 precautions in place. On arrival at the clinic the patient had their temperature taken and completed a questionnaire relating to COVID-19 symptoms and vaccination details. This procedure was adhered to for everyone entering the service including patients and visitors.

Hair transplant is considered a 'clean' procedure rather than a 'sterile' procedure. Clean technique involves handwashing, maintaining a clean field, using clean gloves and sterile instruments, and the prevention of direct contamination of materials and supplies. The treatment room was set up to minimise the risk of infection to the patient. The patient couch was covered in disposable paper roll and the patient head rest was covered in an absorbent pad. The television controller and the overhead light handles had disposable plastic covers. The extractor tool handle and cable was also covered in disposable plastic which was secured in place. The equipment was laid out on a covered trolley.

The staff involved in the procedure wore appropriate personal protective equipment including gowns, gloves, visors and a theatre hat.

The clinic displayed signs demonstrating correct handwashing technique, above all handwashing sinks. The treatment rooms both had two sinks, one 'dirty' and one 'clean', these were clearly labelled. The clinical waste bin was foot pedal operated. This ensured during a procedure the staff could dispose of clinical waste safely and securely.

Staff cleaned equipment after patient contact. The service used single use equipment where appropriate. We saw a brush in the 'dirty' sink which the registered manager informed us was used to clean the equipment prior to sterilisation, we were told this was changed as necessary, however, this was not recorded. The service had a steriliser, which was used to sterilise the multi-use equipment. Every sterilisation cycle was documented and a test strip was used on every cycle which recorded a pass or fail. A review of the records from 6 October 2021- 9 November 2021 demonstrated there was only one failed cycle. If a cycle failed it was repeated. The service was using the correct sterilisation bags, however, the sterilised equipment was not dated therefore the service could not ensure effective stock rotation. The registered manager informed us that there was a regular and rapid turnaround of the equipment.

Staff worked effectively to prevent site infections. All patients were prescribed prophylaxis antibiotics. Prophylaxis is treatment given or action taken to prevent disease. All patients were given aftercare information prior to treatment and a pictorial as well as written information sheet on their aftercare after treatment. The patients were also given an aftercare pack which included antiseptic cream, sterile water and gauze.

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 was appropriate for the service provided. The clinic had facilities which included a reception/waiting area, two treatment rooms, two consultation rooms, staff office, staff room with kitchenette, toilet facilities, store room and sterilisation room.

The clinic was situated on the first floor with shared access via stairs. The stairs were clean, in good condition and there was a handrail available. There was also a stair lift in situ which was installed by the service. The registered manager informed us there was a maintenance contract in place. The clinic staff carried out a daily corridor and stairs risk assessment which included trip hazards, bannisters and lighting. The October 2021 assessment was signed and detailed action taken, for example the changing of a light bulb.

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The clinic had gender specific toilet facilities as well as a disabled toilet. The disabled toilet had wide access and a hand rail that could be raised or lowered next to the toilet.

The clinic had installed a new air conditioning system as part of the recent refurbishment. The treatment rooms had independent temperature controls, so the staff could maintain a comfortable environment for the patient during the procedure.

The treatment room windows had patient privacy glass. The windows were able to be opened for ventilation. Minor surgical procedures such as hair transplantation could have natural ventilation with a fly screen to comply with the HTM 03-01 guidelines for ventilation in healthcare buildings, however, it is recommended new facilities should be designed with 15 air changes per minute.

The treatment rooms had electrical floor sockets under the examination couch which ensured there were no trailing cables during procedures.

Staff carried out safety checks on equipment. The service had a weekly health and safety checklist which included checking equipment was in good working order and maintained, any visible signs of damage, any new equipment that required testing and the fire extinguishers had been checked in the last 12 months. The checklist included the date, who completed the form, tick boxes for satisfactory and unsatisfactory and a comments column. A review of the reception checklists from January 2021 to November 2021 demonstrated consistent completion of the forms and documented any actions required.

The service also completed a monthly risk assessment which included checking equipment was portable appliance tested (PAT) and maintenance contracts were in place for electrical equipment. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. The electrical equipment we reviewed, including the freestanding lights in the treatment rooms, had PAT testing stickers which indicated the equipment was last tested in September 2021.

A review of the maintenance folder demonstrated the clinic had contracts with external companies for testing and maintenance, which included legionella testing in November 2021 and annual review of the oxygen supply in July 2021.

The steriliser had a sticker to indicate the next service was due in October 2022. The staff training record had named attendees, signatures and date of training. Training was due to be renewed in June 2022.

The service had enough suitable equipment to help them to safely care for patients. The clinic had a key pad locked storage room with metal racking along one wall and a metal locked medicine cupboard. As part of the refurbishment the clinic planned to put storage racks up on another wall so all supplies could be stored off the floor. The storeroom appeared well stocked with a stock rotation system in place when replenishing stores. A random sample check of equipment, including galley pots, needles, gauze and plasters, demonstrated all were in good condition and in date.

The service had punches and incision blades especially made in a smaller size specifically for their use, to reduce scarring. This equipment was sterilised on site. There was replacement equipment stored in the sterilisation room cupboard if any of the equipment needed replacing, for example the forceps.

The procedure rooms had examination couches which could be adjusted to allow the patient to be lying down or sitting up. The examination couches had a weight limit of 200kg.

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The service had an emergency oxygen supply and a defibrillator. The oxygen cylinder was half full and had a mask and tubing attached. The defibrillator was automatic which gave the operator step by step instructions. The pads had been changed. The next service was not due until 2026, however, the unit is self diagnosing and informs the operator if the battery is low.

The service had a first aid box and the contents were checked and found to be in date. There was also an emergency box available that contained emergency medicines and equipment including oropharyngeal airways in different sizes. The emergency medicines were all in date, however, one green needle and a nasopharyngeal tube had expired in July 2021 and four syringes in March 2021. This was escalated to the registered manager and the items in stock immediately replaced and an order placed for the non-stock item. All the medical staff were advanced life support (ALS) trained.

The patient assessment room was equipped with weighing scales, this enabled the doctor to accurately calculate weight based local anaesthetic administration. The room also had an electronic blood pressure device which had a cuff which could be cleaned.

Staff disposed of clinical waste safely. The treatment rooms had two waste bins, one for household waste and the other for clinical waste. The yellow clinical waste bins had a clean yellow bag put in prior to a procedure. The yellow bin was emptied after each patient. The clinical waste bags were placed into the large, padlocked, clearly marked bins which were sited in the alcove in the ladies restroom area. The service had a contract with an external provider for the removal of the waste.

The treatment rooms also had sharps bins available. A sharps bin is a hard plastic container that is used to safely dispose of hypodermic needles and other sharp medical instruments. The sharps bins in the treatment rooms were dated, signed when opened and not over filled. There was a laminated information poster on the wall with information about sharps disposal and needlestick injury.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

Staff completed risk assessments for each patient and reviewed this regularly. The patient service manager had initial contact with the patient and completed an initial assessment to ensure the patient did not have any contraindications to the treatment, for example, epileptic patients had to be two years seizure free.

After the initial assessment the patient had a consultation booked with the doctor and completed a health questionnaire. The doctor discussed the health questionnaire and if the patient had any underlying health issues, for instance, cancer treatment, diabetes or high blood pressure the patient was given a letter to give to their GP or consultant outlining the procedure. The GP or consultant were asked to confirm it was safe and appropriate to proceed with the treatment.

The doctor assessed patients for mental health conditions and body dysmorphia. Body dysmorphia, is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. If the doctor had concerns over the patient's mental health the patient was given a letter for their GP or consultant and a second opinion was sought prior to any treatment.

We observed on the day of the procedure the doctor checked with the patient if there had been any change in their medical history or health since the previous consultation. This was documented in the patient notes.

Surgery

The clinic asked patients between the age of 18 and 21 to be accompanied to the consultation, usually by a parent, to ensure they understood the procedure, risk and expected outcomes.

Staff knew about and dealt with any specific risk issues. The procedure was time consuming, usually seven to eight hours. Patients with specific needs were monitored carefully, for example, the doctor would regularly undertake blood glucose monitoring throughout the procedure on patients with diabetes.

Staff shared key information to keep patients safe when handing over their care to others. We observed the doctor have a pre-procedure huddle with the hair technician involved in the care and treatment of the patient, to discuss any specific requirements or concerns.

The registered manager told us of an incident where the staff acted appropriately and quickly when a patient was unwell during a procedure. The escalation policy was followed and an ambulance called, the patient was transferred safely to hospital. The clinic followed up with the patient, who was discharged from hospital and was well. The incident was recorded following local policy and was documented in the patient notes.

The patient service manager was the first point of contact for the patients if they had any concerns or complications. He ensured the patient was aware of his contact details and conducted regular follow up calls with the patient post procedure. He was able to contact the doctor for any medical concerns. All patients were given an aftercare information sheet which detailed how to contact the clinic and emergency advice.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers gave freelance staff a full induction.

The service had enough staff to keep patients safe. The service employed two members of staff, the receptionist and the patient services manager. The receptionist had previous experience of reception work and had previously worked in the health sector. The patient services manager had a management and training background and was experienced in dealing with challenges.

The clinical staff were freelance. The team required for the transplant procedure was led by the doctor with two transplant technicians. The doctors the service used all had NHS substantive roles. A review of two doctor staff files confirmed the doctors were members of the royal college of general practitioners and evidenced continuing professional development (CPD). The registered manager ensured the doctors were trained locally to work in the same way, even if they were fully trained elsewhere. This was to ensure consistency and to standardise results.

The service had low vacancy rates, low turnover rates and low sickness rates. The permanent staff had both been in post for a number of years and the service did not have any permanent vacancies. Staff told us the registered manager had been supportive when they had to shield during the pandemic.

The service would only book procedures for patients when they had a full team available and during the pandemic they arranged private taxi transfer for the hair technicians to ensure their availability, their safety and the safety of the patients.

Managers made sure all freelance staff had a full induction and understood the service. The hair transplant technicians were freelance and the two staff files we reviewed demonstrated the hair transplant technicians had completed british

Surgery

hair clinical follicular unit, extraction technique training. The registered manager also ensured the technicians had local induction and mandatory training, this was evidenced in the staff files. The registered manager provided local training to the technicians to standardise technique which ensured consistency in results. They had to have a competency sign off prior to treating patients.

The registered manager told us the service would not use any clinical staff whether doctors or hair transplant technicians who had not been through local training and induction.

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. The patient notes held detailed health questionnaires, treatment plans, consent forms and agreements. We observed the doctor adding to the notes prior to treatment. Any incidents involving the patient or their care were recorded in the patient notes.

Records were stored securely. The service had both electronic and paper records. The paper records were stored in locked filing cabinets in a keypad locked staff only office. The weekly health and safety check list checked all restricted areas were secure.

The service had a customer relationship management (CRM) on line secure booking system, which followed the patient journey from start to finish. It had a traffic light system which flagged red, amber or green depending on how long the service took to respond to a question or query.

We observed staff locking computers when leaving offices.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. All medicines were prescribed by the doctor. The service held stock of the regularly used medicines and the doctor could write a private prescription for non stock medicines. The service prescribed prophylactic antibiotics to patients and had an alternative available for patients allergic to penicillin. The use of local anaesthetic was weight based to ensure patient safety. The doctor administered medicines required for the procedure. Medicines were recorded in the patient notes.

Medicines were stored in a locked metal cabinet in a key pad locked store room. There was a separate locked metal box in the medicine cabinet for controlled medicines. This box contained a record book and diazepam which was for emergency use only. The service did not do procedures under sedation only local anaesthetic.

Expiry dates were checked on the medicines and all were found to be in date. The service had a system of stock rotation, to ensure the medicines did not expire. The service conducted a monthly medicine stock check which included access to medicine cabinet keys, expiry dates and stock levels. The documentation between January 2021 and October 2021 was reviewed and was fully completed.

The emergency box contained a checklist of the expiry dates of all the medicines, this was found to be accurate and all the medicines were in date.

Surgery

The service did not have a thermometer in the storeroom or the medicine cabinet. Temperature can affect medicines and most medicines should be stored below 25 degrees. This was raised during the inspection and the registered manager provided evidence to demonstrate that there was a thermometer in place the next day.

Staff reviewed patients' medicines as part of the medical history and provided specific advice to patients about their medicines. The doctor reviewed the patient's medicines to ensure the patient was not having any treatment that could affect the outcome of the procedure, for example, patients on hormone treatments.

We observed the doctor asking a patient if they had experienced any side effects from the prescribed medicine which was part of their treatment plan. The doctor gave the patient an explanation of possible side effects and informed the patient what to do if they experienced any in the future.

Incidents

The service did not always manage incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents, however, they did not have an incident log. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. The service recorded all incidents relating to staff and patients in an accident book. This was held at reception and was included in the weekly health and safety check list. A review of the accident forms demonstrated staff, including the freelance staff, knew what incidents to report and how to report the incidents. The service had three reported incidents between September 2021 and November 2021.

The manager investigated incidents. The registered manager was able to tell us how incidents were reviewed and demonstrated patient incidents were documented in their notes, however, the service did not have an incident log to record action taken and any lessons learnt. Data received from the registered manager post inspection demonstrated that they had introduced an accident/ incident log which included findings and follow up actions This would provide oversight of incidents, ensure consistent action was taken and enable the service to look for themes and trends.

The registered manager told us staff received feedback from investigation of incidents. The staff had a team mobile messaging group and feedback was shared this way, staff we spoke with confirmed this method of communication. The hair technicians also received learning via the pre-procedure huddle. The service had minuted clinical team meetings, which the contracted non clinical staff attended these were held every three to four months. Review of the August minutes showed an incident report was a standing agenda item.

Staff understood the duty of candour. They were open and transparent, and gave patients a full explanation if and when things went wrong. The staff were aware of duty of candour and the service was open and honest. The patient service manager was able to share communication between the service and a patient which demonstrated the service was patient focused and the service was patient centred at all times. The service had an in date duty of candour policy which was due for review in January 2023.

Are Surgery effective?

This was the first time we had inspected this service. We rated it as good.

Surgery

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had comprehensive policies which were reviewed every two years. All policies were signed and dated and were due for review in January 2023. A review of the policies demonstrated national guidance was referenced, for instance, the equal opportunities policy referenced the equality act 2010 and the health and safety policy references the health and safety at work act 1974. The policies that required site specific information, for example the safeguarding policy, had site specific appendices such as local contact details and forms.

At the pre procedure staff huddle, staff referred to the psychological and emotional needs of patients. Staff told us that the patient was at the centre of the treatment and any additional needs whether they were medical, psychological or emotional were shared with the team prior to the procedure.

Nutrition and hydration

Staff made sure patients were not without food and drink for long periods.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. The surgery was performed under local anaesthetic therefore patients were not required to fast prior to the procedure. The patient procedures could be time consuming, between seven and eight hours, and the staff ensured the patient had food and beverages at appropriate intervals during treatment. The patient was given a menu to choose their meal from and the food was ordered from the local bakery. The meal came on an individual covered and sealed tray. The service was able to take into consideration patient preferences, allergies and dietary requirements. The patient was also able to bring their own food if they preferred.

The registered manager informed us of the importance of patients having food and drink, which aided the healing process. We observed the doctor, in the pre-treatment consultation, confirm with the patient that they had had breakfast that morning.

Pain relief

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

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. The procedure was performed under local anaesthetic. The doctor used a patient weight based calculation to ensure a safe level of local anaesthetic was used. We observed the doctor confirm this with the patient prior to treatment and explain the stinging that can initially be caused by the anaesthetic.

Patients received pain relief soon after requesting it. The patient pain levels was monitored during the procedure and the patient was encouraged to inform the doctor if they were experiencing any discomfort.

Staff prescribed, administered and recorded pain relief. All medicines were prescribed and administered by the doctor. Medicines were recorded in the patient notes.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

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Staff monitored outcomes for patients to ensure they were positive, consistent and met expectations. The patient had 'before' and 'after' photographs taken to monitor the outcome of the procedure. The patient throughout the pathway was asked for their expectations and we observed the doctor confirming with a patient what their desired outcome was. The patient had post procedure follow up to assess the outcome. The registered manager ensured all staff worked in the same way to ensure consistency of results.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The audit register included patient satisfaction, clinical outcomes, patient complaints and online content. A review of audit register indicated the date an audit was carried out, the auditor, re-audit date and future planned audits.

Managers used information from the audits to improve care and treatment. Review of the clinical outcomes audit demonstrated actions, expected completion dates and resources required, for example, a new website for the service is to be launched in December 2021.

Managers shared and made sure staff understood information from the audits. Review of the clinical team meeting minutes indicated audits were a standing agenda item and audits were discussed and monitored.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. The doctors who performed the surgery were (general medical council) GMC registered, this was confirmed in a review of staff records, and received full training and supervision on the technique and standards required by the service. The doctors had NHS substantive roles which involved annual appraisal, mandatory training and revalidation. The staff files of the doctors included CPD and training certificates.

There is no recognised training for hair transplant technicians in the uk nor are there any formal qualifications required to be a hair transplant technician, however, the registered manager ensured all technicians used by the service had full training and competency checks on the technique and standard required by the service. The technicians are freelance workers and therefore did not require an annual appraisal by the clinic, however, they always worked under the direct supervision of a doctor and registered manager informed us if training needs were identified training would be provided.

Staff were disclosure and barring service (DBS) checked and this included the freelance hair transplant technicians. A review of the staff files confirmed evidence of in date DBS records.

Managers supported staff to develop through yearly, constructive appraisals of their work. The staff contracted by the service had an annual appraisal and staff told us if they identified a training need or a training course that would be beneficial to the service they would be supported by the manager.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The permanent non-clinical staff attended the clinical team meeting alongside the clinicians, the meetings were minuted and the minutes were available if they could not attend.

Multidisciplinary working

The staff worked together as a team to benefit patients. They supported each other to provide good care.

Surgery

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The patient services manager and the doctor were involved in the patient pathway from initial consultation to post procedure follow up. If a patient had any additional needs or requirements these would be shared with the team to provide a patient focused care pathway. The patient services manager was the point of contact for the patient and would discuss clinical questions or concerns with the doctor. The doctor would hold a pre-procedure huddle with the hair technicians to discuss the patient's individual needs and care. We observed the huddle during inspection.

All the staff we spoke to felt part of the team and whether their role was clinical or non-clinical their focus was to provide the best possible care for their patients.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. If the service had any concerns about the patients mental health they would liaise with the patients GP or mental health team prior to any treatment.

Seven-day services

Patients could contact the service seven days a week for advice and support after their surgery.

All patients were given aftercare information post procedure and which included contact details for advice or support. The service had support available 24 hours a day, seven days a week. Patients could contact the service via the telephone, website or social media contacts.

Health promotion

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

The service had relevant information promoting healthy lifestyles. Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. As part of the patient pathway, patients were advised on the importance of a healthy lifestyle to maintain healthy hair and reduce hair loss. Factors such as good nutrition were discussed with patient as part of the consultation process.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They ensured that patients gave consent in a two-stage process with a cooling off period between stages. They understood how to support patients.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. The patient had a detailed treatment plan which explained the proposed treatment. The patient was given time to read and understand the documentation prior to giving written consent. The service ensured that there was a cooling off period between consultation and treatment. The written consent form, signed by the patient prior to surgery, clearly stated that the patient confirmed they had time to reflect upon the surgery and aftercare requirements.

We observed a doctor in the pre-op consultation take the patient through the procedure. The doctor asked for verbal consent prior to marking the patients head and taking a pre-procedure photograph. Patients gave written consent before any images are shared. Patient expectation was checked on multiple occasions and the patient was given the opportunity to ask questions. The primary treatment areas were explained and the patient advised on the time for each part of the

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procedure. The doctor documented the details on the consent form and confirmed it was accurate with the patient. The patient had the opportunity to add further information to the form. The patient only signed once this was completed. The registered manager informed us the patient could change their mind at any stage and told us of a case where the patient decided not to proceed after having their head shaved as the hair loss was not as noticeable whilst it was short.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The doctors all had NHS substantive roles which gave the skills and knowledge to assess a patient's capacity to consent. The service had an in date, consent policy which also detailed informed consent and the process for independent external review of a patient's capacity.

Are Surgery caring?

Good 

This was the first time we had inspected this service. We rated it as 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. Staff took time to interact with patients in a respectful and considerate way. The registered manager and the patient service manager were resolute that the patient was at the centre of everything that they do. All consultation with the patient was conducted in private, before, during and after the procedure. We observed staff interaction with a patient which demonstrated understanding and consideration. The patient was given time to ask questions and to share any concerns. The doctor was reassuring to the patient and responsive to personal request regarding the shaving of the hair.

Patients said staff treated them well and with kindness. The patient we spoke with confirmed they were put at ease by the staff, given choices and options and had a bespoke consultation. Patient feedback data from June 2021 showed patients rated the staff as excellent or very good.

Staff followed policy to keep patient care and treatment confidential. All staff were aware of the need to keep patient treatment confidential. The confidentiality policy was available and in date. The patient services manager stated some patients wanted to keep the procedure private and the service was strict about keeping confidentiality. Patients had to give written permission before their images were shared.

Staff understood and respected the personal needs of patients and how they may relate to care needs. The consultation process was designed to give the patient individualised patient centred care, which took into account their choices and any additional needs the patient may have.

Emotional support

Staff provided emotional support to patients.

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Staff understood the emotional and social impact that a person's care and treatment had on their wellbeing. Hair loss can lead to depression, low self-esteem, and social anxiety. The registered manager informed us that the hair transplant procedure had positive psychological effects on the patient, and patients had increased self-confidence and self-worth as a result.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and to make decisions about their care and treatment. They made sure patients understood the costs.

Staff made sure patients and those close to them understood their care and treatment. The clinic had a robust procedure to inform the patient of the treatment, expected outcomes, alternatives and the cost involved. The patient was able to contact the clinic at anytime for further advice or information. The registered manager told us of a patient in the 18 to 21 age range whose parents were involved in the consultation and decision making process.

Staff talked with patients in a way they could understand, using communication aids where necessary. The patient service manager told us of a patient whose first language was not English and they used an electronic translation service to communicate effectively with the patient.

Patients could give feedback on the service and their treatment and staff supported them to do this. Feedback was welcomed by the service. Patients were able to feedback directly to the clinic at consultation, on the website and there was satisfaction questionnaire available to patients. A review of the June 2021 audit demonstrated suggestions from patient feedback were addressed.

Are Surgery responsive?

Good 

This was the first time we had inspected this service. We rated it as good.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

The service was patient focused and each patient had a bespoke treatment plan. The doctor would recommend and guide the patient, however, the patient preferences were paramount. We observed the doctor taking into account the patient choice and expectation when marking the head prior to treatment.

The service had developed a book to demonstrate to the patient different examples of the treatments. This would aid the patient to visualise the final outcome and manage expectation. This was in the process of being finalised.

The service had a process for referring patients for an appropriate second opinion if they had any contra-indications to surgery, this included mental health, psychological and medical conditions. Staff we spoke with understood the rationale for referring a patient for a second opinion. The contraindication guide for the surgeon, which was created in collaboration with the surgeons, detailed the conditions that would require specialist referral.

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The service had a respecting and involving patients policy and a privacy and decency policy, both were in date. The privacy and decency policy stated staff should 'avoid excessive use of clinical jargon'. We observed the doctor explaining the procedure in appropriate terms. The policies were freely available to the staff and easily accessed.

Managers made sure staff and patients had access to language translation when necessary. The patient services manager was able to access an electronic translation service if required by the patient. They were able to give an example of when this service had been successfully used.

The service was sited on the first floor of the building and was accessed via a staircase. The service had a stair lift installed for patient use. This had an in date service and maintenance contract.

Patients were given a choice of food and drink to meet their cultural and religious preferences. All patients were given a menu and the service was able to cater for all needs. The patient could also bring their own refreshments if they preferred.

Access

People could access the service when they needed it and received the right care.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The patient would contact the clinic via the website, social media or telephone. They would be booked for a consultation with the patient services manager within 24 to 48 hours, this was a basic information exercise for both the clinic and the patient. The customer relationship management electronic system follows the patient journey from start to finish and if an enquiry or call has not been responded to it will flag red. The patient services manager monitors the system.

The service offers appointments Monday to Saturday, dependent on doctor availability and will always try to accommodate the preference of the patient. Treatment and procedures are booked with the patient and will take into consideration any forthcoming events or commitments the patient may have and if they want to book annual leave for the initial recovery period.

The patient was able to access the clinic for further information or follow up as frequently as they required.

Managers worked to keep the number of cancelled appointments, treatments and operations to a minimum. Review of the incident log from September 2021 showed the clinic had to be closed for a day for essential repairs. The procedures were transferred to a satellite clinic to minimise any disturbance to the patients.

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. The service included patients in the investigation of their complaint. The service had a system for referring unresolved complaints for independent review.

The service clearly displayed information about how to raise a concern or complaint on their website, however, due to the recent refurbishment of the clinic not all information is back on display in the patient areas. Patients are asked for feedback and this welcomed by the clinic. Data supplied by the manager post inspection showed the clinic scored highly for patient satisfaction.

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Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints. The patient service manager was the initial contact for any complaints or concerns. We were shown a patient complaint and the communication between the clinic and the patient. The complaint was dealt with professionally and sympathetically, the patient was happy with the final resolution. The 2021 complaints and action log supplied by the registered manager post inspection showed the service only had two complaints and detailed findings, follow up actions and the name(s) of the complaint handler.

Managers shared feedback from complaints with staff and learning was used to improve the service. The clinical team meeting minutes from August 2021 had a set agenda which included incident reports, complaints would be discussed under this heading and any lessons learnt shared.

Staff could give examples of how they used patient feedback to improve daily practice. The registered manager told us how patient feedback was used to improve the service. Patients asked for medicine information in PDF format, this was now in place. The pictorial post-op guide was developed as a result of patient feedback and the large television screen in the treatment rooms.

Are Surgery well-led?

Good 

This was the first time we had inspected this service. We rated it as good.

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 and take on more senior roles.

The registered manager was a doctor who conducted hair transplant procedures and treatments and understood the service provided. The registered manager was knowledgeable and keen to promote a service that had an ethical and moral approach. They spoke enthusiastically about how the service and the sector were progressing and were keen to regulate and meet standards.

The registered manager was accountable to the board of directors of Samee British Hair clinic Ltd. A review of the registered manager job description demonstrated clear responsibilities and accountabilities including service development and staff management.

The registered manager was on site at least once a week and in daily contact with the patient services manager on site. The registered manager had invested in key individuals to ensure the unit ran efficiently and safely when they were not on site. The patient services manager had six years of experience in the sector and a management background, they demonstrated clear oversight of the service provided. The reception/administration assistant had been developed to conduct weekly and monthly audits, stock control and ordering.

All staff we spoke to told us how senior leadership was visible and approachable. They told us they were comfortable to approach any member of the leadership team to seek support and help.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

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The service clearly displayed the service vision on their website. They aspired to be a centre of excellence that could treat all types male or female hair loss. The registered manager told us the patient was at the centre of everything that they do and they wanted to create a safe accessible service for all. The strategy for achievement of the vision was to standardise the process to ensure consistency, to closely monitor patient outcomes and to continuously work to improve and develop the service provided.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work.

There was a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service's culture was centred on the needs and experience of patients. The registered manager wanted to improve care for all patients, to make the service patient focused and embed empathy with all the staff. This attitude was reflected in staff we spoke with on inspection.

Equality and diversity was promoted. Inclusive, non-discriminatory practices were part of usual working and staff were able to give examples of the practical application, for instance the patients use of preferred title.

The service had policies and procedures in place to support equality and diversity including equal opportunities policy, privacy and decency policy and respecting and involving patients policy. The policies were in date and due to be reviewed in January 2023

Governance

Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were governance frameworks to support the delivery of good quality care. The service undertook several quality audits, and information from these assisted in driving improvement and giving all staff ownership of things that had gone well. Action plans identified how to address things needed to be improved.

Local governance processes were achieved through team meetings and local analysis of performance. The service had team meetings and non-clinical staff were invited to attend. There was a comprehensive standing agenda, which included incident reports, audits, drug alerts and new policies. The manager ensured team meeting minutes were shared with staff through email. Minutes referred to any actions from the previous meeting.

The freelance hair transplant technicians were not included in the formal staff meeting, however, they had a pre-treatment huddle with the clinician where any updates or changes would be shared.

Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the service. The minutes of the team meetings confirmed staff have the opportunity to discuss and learn from any issues raised.

There were governance policies and procedure in place which included governance and monitoring policy and business continuity plan. The policies were in date and due to be renewed in January 2023

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Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was a risk assessment system in place locally. The risk assessments were reviewed weekly, monthly or annually depending on the nature of the risk and when there was a change to the risk status. The risk assessment included the date, mitigation and control measures.

The local risk register had 14 identified risks and included a description, frequency of review and person responsible, however the register did not contain the date for review. The risk assessments we reviewed were all in date. The risks identified were comprehensive and included lone workers, fire safety, data and storage, COVID-19 and medicine cupboard.

Operational risks were not listed on the risk register, however, the business continuity plan provided both first response and framework under which the service can continue to operate under exceptional and adverse circumstances. The policy detailed immediate actions, short term actions and long term actions and includes loss of telephone system and loss of access to the premises. The policy was in date and due for review in January 2023.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service was aware of the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. Staff viewed breaches of patient personal information as a serious incident.

The service collected data which included anonymised clinical outcome information and patient feedback. The information provided was used to improve and develop the service. A review of the June 2021 patient satisfaction survey results demonstrated changes had been made as a direct result of the information received.

Electronic patient records were kept secure to prevent unauthorised access to data. However, authorised staff demonstrated they could be easily accessed when required.

The service consistently submitted notifications to the Care Quality Commission about changes, events and incidents that affected their service or the people who used it.

Engagement

Leaders actively and openly engaged with patients and staff to plan and manage services.

Patients' views and experiences were gathered and used to shape and improve the services and culture. Patient surveys were in use and included the option for the patient to write their own feedback on the service provided. Changes to the patient aftercare information and medicine information were as a direct result of patient feedback.

The staff were encouraged to offer suggestions and feedback on the service provided. Staff were able to feedback informally on a daily basis and formally at the clinical team meeting. Review of quality objectives was documented in the August 2021 minutes.

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Staff we spoke to felt supported by the whole team and felt they were able to put ideas forward and that they were considered by the management team.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

There was a focus on continuous learning and improvement. The registered manager ensured all staff, clinical or non-clinical, had the skills and training to continually improve the service. Learning was shared at the pre-treatment huddles, clinical staff meetings and via the electronic messenger system.

The service made use of audits and the learning was shared and used to make improvements. Leaders encouraged staff to take time to review objectives, processes and performance. This was documented in the clinical staff meeting minutes.

There were systems to support improvement and innovation, for example the clinicians had collaboratively developed a comprehensive contraindications checklist.

The registered manager encouraged staff to be proactive on how the service could improve the patient experience, for example, the development of a book to demonstrate examples of treatment.