HA Medical Ltd

HA Medical Ltd

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 this service had been inspected. 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. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment, gave patients enough to eat and drink, and gave them 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. Key services were available seven days a week.

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, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

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 and the community to plan and manage services and all staff were committed to improving services continually.

However:

They did not always manage medicines well.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

Contents

Summary of this inspection

Background to HA Medical Ltd

HA Medical Ltd, also known as The Hair Dr – Beaconsfield, is a hair restoration service located in Beaconsfield, Buckinghamshire. The service offers non-surgical and surgical hair restoration solutions for adult hair loss.

The service first registered with Care Quality Commission on 26 October 2021. The service is registered with CQC for the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical Procedures

The service started to see and treat patients from March 2022. Between March 2022 and the end of February 2023, the service had completed 45 follicular unit extraction (FUE) hair transplant surgeries, and 12 platelet rich plasma (PRP) therapy treatments. PRP therapy increases the blood supply to the hair follicles and helps to decrease hair loss. FUE involves the removal of healthy hair follicles from one part of the body (donor area), to another area of the body (recipient area), where more hair density is required.

The service has had a registered manager since October 2021. A registered manager is a person who has registered with CQC to manage the service. They have a legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008.

This was the first time the service had been inspected.

How we carried out this inspection

We carried out a short notice announced comprehensive inspection on 1 March 2023. During the inspection visit, the inspection team:

- Visited the HA Medical Ltd clinic in Beaconsfield
- Spoke with 2 patients
- Looked at 3 sets of patient records
- Spoke with the registered manager of the service, the surgeon and 1 hair technician
- Observed patient care and interactions
- Observed the disinfectant and sterilisation of equipment
- Looked at a range of policies, procedures and other documents relating to the running of the service

Following the inspection, the inspection team:

- Reviewed further policies and procedures relating to the running of the service
- Spoke with 3 further patients and reviewed patient feedback

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.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The service took exceptional care to meet service user's hydrational and nutritional needs. Service users were able to order in lunch of their choice, and had a large selection of snacks and beverages to choose from throughout hair transplant procedures.
- The surgeon had recognised the limitations of lone working and had organised a mentor to carry out peer and clinical outcome reviews. This ensured they did not become stagnant in their work.
- Feedback from patients was overwhelmingly positive, and showed that staff went over and above, treating patients with kindness and providing support following their procedures.
- Staff development was a priority. The surgeon had prepared presentations and organised in-house training days within the field of hair restoration services for staff.

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 SHOULD take to improve:

The service should ensure that all medicines are stored safely and securely. Regulation 12.

The service should ensure that they are following COSHH regulations and ensure that all hazardous substances are stored securely, with signage clearly displayed to indicate the presence of a potentially harmful substance. Regulation 12.

The service should ensure that all staff have received training in dementia, learning disabilities and autism, at a level appropriate to their role. Regulation 18.

The service should ensure that patients can find information on how to raise a complaint on the service's website and have processes in place to escalate complaints appropriately if they cannot be resolved in-house. Regulation 16.

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

Good

Surgery

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

Is the service safe?

Good

This was the first time this service had been inspected. We rated safe as requires improvement.

Mandatory training

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

Hair technicians received and kept up-to-date with their mandatory training. Training included but was not limited to infection control and prevention, moving and handling, principles of health and safety, and waste management.

Medical staff received and kept up-to-date with their mandatory training. The surgeon and the registered manager had completed a comprehensive list of mandatory training, which included but was not limited to conflict resolution, clinical infection control, principles of health and safety, consent, sepsis, wound care and anaphylaxis.

The mandatory training was comprehensive and met the needs of patients and staff. All staff members had participated in face to face training in adult basic life support. The surgeon had received additional training in the use of the automated external defibrillator.

However, not all clinical staff had completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. From 1 July 2022, all health and social care providers registered with CQC needed to ensure that staff had received training in learning disabilities, autism and dementia, at a level appropriate to their role. The registered manager had completed training in supporting people with a learning disability, dementia awareness and autism awareness. The surgeon had completed training in dementia awareness, but had not completed training in autism or learning disabilities awareness. The hair technicians had not completed any of this training.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager completed a spreadsheet which outlined when training was due for renewal, and staff received email reminders from the training company.

New hair technicians were expected to complete all mandatory training within the first 5 weeks of employment. They received protected time to complete it.

Good

Surgery

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. 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. The registered manager was the safeguarding lead for the service. Both the registered manager and the surgeon had completed safeguarding adults training to level 3. Level 3 safeguarding is recommended for individuals who have a central role in any safeguarding situation and will be the first point of contact for staff or individuals who have safeguarding concerns. The hair technicians had all received safeguarding adults training to level 2. This was in line with the intercollegiate document which identifies the competencies required for safeguarding training.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. The surgeon and the registered manager had completed training in recognising domestic abuse. The service's safeguarding policy recognised the need to safeguard people and communities from the threat of terrorism and forced marriages. The policy referenced the Government's counter-terrorism strategy, Prevent, and the Forced Marriage Unit. The service had a Female Genital Mutilation (FGM) policy, which outlined the measures that would be taken if FGM was suspected. The safeguarding policy gave guidance on what incidents would require police involvement. The safeguarding lead was responsible for making notifications to the appropriate local safeguarding authority and to CQC when required.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff would notify the registered manager, who was the safeguarding lead for the service. The registered manager told us what steps they would take in the event of a safeguarding concern. The service had no safeguarding concerns in the year preceding the inspection.

Staff had not completed safeguarding children training. The service did not treat children and advised patients that accompanying children could not be accommodated during appointments.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained in line with the National Standards of Healthcare Cleanliness 2021 and the Health and Safety at Work Act 1974.

The service had a contract with an external cleaning company. Logbooks documented which areas had been cleaned each week. Cleaners employed colour coded cleaning, where different coloured cleaning equipment was used for certain areas. This reduced the chance of cross contamination during the cleaning process.

All surfaces within the clinical environment were wiped down with disinfectant following each procedure.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff demonstrated good handwashing techniques and were bare below the elbow, which helps to reduce the spread of infections. Effective

handwashing posters were displayed above sinks, which demonstrated best practice handwashing techniques with a step by step guide. PPE included masks, gowns, hair nets and visors. Staff removed gloves when opening cupboards to locate more equipment. All staff wore clinical scrubs and shoes within the clinical environment, and changed when they were leaving the clinic.

Drapes were placed on the bed and over the equipment trolley. A neck pillow was wrapped with a clean pillowcase and sterile waterproof and absorbent sheets. Any areas which were frequently touched by the surgeon, such as light handles, were wrapped in cling film.

The service's IPC policy detailed measures to take when dealing with blood or bodily fluid spillages. The service conducted hand hygiene audits. We saw that 1 member of staff had not turned the tap off with their wrist or elbow during the last hand hygiene audit. This was fed back to the staff member to ensure improvements were made.

The service completed audits of infection prevention and control every 3 months. One audit identified that the hand cream dispenser could be confused with hand soap. This was raised in a practice meeting and actions were taken.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Sterilisation and decontamination of equipment was carried out within a dedicated decontamination room. Contaminated equipment was transported to the decontamination room in secure transport boxes. The decontamination room had clearly marked stations for each stage of the disinfection process, with clear instruction for staff to follow at each stage. The decontamination room contained a dedicated sink for cleaning instruments and there was a separate hand washing sink. Appropriate PPE was available for staff to use, and we saw evidence that they used it. Once instruments had been manually cleaned, placed in an ultrasonic bath and visually inspected under an illuminated magnifying glass, they were placed in bags in a vacuum autoclave. A vacuum autoclave allows for deeper sterilisation of instruments. They completely evacuate the ambient air within them, and allow high temperature steam to penetrate and sterilize areas that would normally be occupied by ambient air. This was especially important, as the handpieces used to perform hair transplants, have hard to reach areas. Following sterilisation, the instruments were segregated and stored in closed cupboards. They were required to be used within 6 months, and staff placed dates on the bags to evidence when they should be used by. All stored equipment was within the expiry date.

Staff worked effectively to prevent, identify and treat surgical site infections. The surgeon kept in close contact with all patients following the procedure, to monitor outcomes and identify any incidences of infection.

The service completed an annual statement on the prevention and control of infections. This included details on any known infections in the last year and actions arising from them. There had been no cases of infection in any of the cases completed by the service. The statement outlined risk assessments, training and audits that had been undertaken which related to the prevention and control of infections.

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. Clinical areas had ventilation systems installed, which followed guidance from Health Technical Memorandum 03:01. The service had sinks which were designated for hand washing and sinks which were used solely for cleaning contaminated instruments. Taps were elbow operated, which followed guidance from health technical memorandum 64, which provides guidelines specific to the health sector.

Good

Surgery

The service had robust fire safety processes which included weekly checks of fire alarms. Fire exits were clearly displayed throughout the clinic, with meeting points clearly defined. Fire extinguishers were situated throughout the clinic and we saw that they had all received servicing. All doors within the service were fire doors. Staff had received mandatory training on fire safety and the registered manager was the fire warden for the service.

However, the service did not follow Control of Substances Hazardous to Health (COSHH) regulations, as cleaning products were stored in unlocked cupboards. 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 following a risk assessment, as the service followed a chaperoning policy. The service took immediate action following feedback from CQC inspection team and locks and signage were installed'

Staff carried out daily safety checks of specialist equipment. Staff followed daily and weekly decontamination room checklists, which included daily autoclave tests, water distiller checks, and data logger checks. Staff signed when they had carried out all tasks within the checklist. We saw evidence that the autoclave was audited daily and weekly with indicator strips stored within in a logbook to evidence the auditing process

We saw evidence of annual servicing on the autoclave and portable appliance testing (PAT), which ensures that electrical equipment is safe to use.

As the service was new to this building, an external company had been contracted to survey the risks due to Legionella bacteria. Legionella bacteria are commonly found in water and can cause Legionnaire's disease. The report had identified areas of potential stagnation, and we saw that remedial work had been carried out to correct this. The service conducted yearly Legionella risk assessments, recorded flushing of water outlets twice a week and recorded the temperature of hot water outlets each month.

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, an automated external defibrillator, a portable suction unit and medical emergency medicines. The service had robust quality assurance checks in place, where expiry dates of these medicines, equipment and availability of oxygen were checked weekly. The equipment was stored securely, but allowed for easy access.

Managers had invested heavily in setting up the service, and all equipment observed during the inspection was well maintained and serviced. The service conducted a portable appliance visual inspection log yearly. If there were any issues identified during this inspection, an action plan would be drawn up. The service kept an equipment log, which detailed the manufacturer and serial number of each piece of equipment, where the piece of equipment was stored and if it required tests or validation.

Staff disposed of clinical waste safely. Clinical waste was discarded into orange clinical waste bags. Orange clinical waste bags are used for infectious or potentially infectious clinical waste contaminated with blood or bodily fluids.

Needles and sharps were disposed of in sharps containers, which complied with British Standard 7320:1990. All staff had received training on the management of clinical waste. The service had a contract with an external clinical waste company, who complied with Health Technical memorandum 07-01; safe management of healthcare waste.

PRP therapy involved the collection of patient's blood, and centrifuging it to collect platelet rich plasma. The vacutainers used for this process where disposed of in the sharp's bins, as there was a risk that they may shatter. The waste blood products (approximately 5 to 10 millilitres), were disposed of in the clinical waste.

Good

Surgery

The service had conducted an audit of clinical waste in January 2023.

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 monitored patients regularly to identify deteriorating patients and escalated them appropriately. The surgeon took blood pressure, pulse rate, and temperature observations throughout a FUE hair transplant procedure to monitor the patient. They conducted pain scores to ensure the patient was comfortable. If there were any concerns, the surgeon would intervene as required. Medical emergency equipment, oxygen and medical emergency medicines were readily available if a patient were to deteriorate. Staff all had training in basic adult life support. The surgeon and the registered manager had training to use the automated external defibrillator (AED). Emergency medicines used to treat epileptic fits, allergies, angina, asthma and diabetic hypoglycaemia were available and stored correctly.

Staff completed risk assessments for each patient. Patients who had uncontrolled diabetes were not candidates for FUE hair transplants due to the risk of infection. Likewise, patients who were smokers were also not advised to have FUE hair transplants, unless they could cease smoking for at least 2 weeks before the procedure, due to the increased risk of infection. Other hair restoration services, such as medicines or PRP therapy could be explored for those patients who were not candidates for FUE hair transplant surgery.

Staff knew about and dealt with any specific risk issues. 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 7 days following the surgery. These included measures such as what time to take pain relief and steroids (which were prescribed to prevent swelling). Patients were instructed to spray the donor hair sites with saline at least 5 times a day and to use an antibacterial ointment twice a day. Patients were advised to sleep sitting upright for a period of time following the surgery.

Prior to hair transplant surgery, patient's hair was shaved. Prophylactic antibiotics were given following the procedure. These measures helped to lower the risk of infection.

The service displayed information on steps to take in case staff received a sharps injury from a contaminated needle. This included immediate measures to take and outlined the steps the decontamination lead would take, which included notifying the Health and Safety Executive (HSE) if there had been a reportable exposure, such as hepatitis or HIV. The decontamination lead would investigate the circumstances that led to the injury.

The service did not have access to mental health liaison and specialist mental health support. The surgeon would refer patients for help and support if required, either through their GP or privately.

Staff completed psychosocial assessments and risk assessments for patients prior to treatment. All patients completed a psychological assessment with the surgeon as part of the consent process. The assessment was based on the Modified Generalised Anxiety Disorder Assessment (MGAD-7) and was tailored to be in relation to hair loss. The MGAD-7 score was

calculated by assigning scores to each response category and adding the scores up. Scores of 5 were considered to be mild anxiety, 10 was considered as moderate and 15 was considered as severe anxiety. If there were any concerns, the surgeon would recommend that the patient seek support before having any interventional treatment. Patients were referred either through the patients GP or via a private psychologist.

Staff did not routinely share details of the treatment with other healthcare providers, as this was a cosmetic procedure and many patients did not want this information shared. The service followed its out of hours emergency policy. Patients had access to a messaging service which was manned by the surgeon and the registered manager 24 hours a day, 7 days a week, and was used for emergencies following treatment. Patients were also advised to call 999 if they thought there was an immediate, life threatening emergency.

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 regularly reviewed and adjusted staffing levels, and gave staff a full induction.

The service had enough staff to keep patients safe. This was a small service. The service employed 4 hair transplant technicians, who assisted the surgeon during hair transplant surgery, PRP therapy or consultations. The registered manager oversaw the governance and running of the service.

Managers accurately calculated and reviewed the number of hair transplant assistants needed for each shift. At the time of the inspection, the service completed 2 to 3 follicular unit extraction (FUE) hair transplant surgeries per week, and only opened when required. All 4 hair transplant assistants were required to assist during FUE procedures. The registered manager was fully trained to assist, and would step in when required. For platelet rich plasma (PRP) therapy, only 1 hair transplant assistant was required. As the FUE procedure took an average of 12 hours, hair transplant assistants had staggered shifts, and were given regular breaks throughout the day.

The service had low vacancy and turnover rates. However, as the practice expanded, the service anticipated requiring more hair transplant assistants in the future.

Managers made sure all staff had a full induction and understood the service. The service had started to treat patients at this location in March 2022. The hair technicians had all been trained up from scratch, with some attending another established hair restoration clinic for intensive training, and others being trained in house. All new staff were required to complete their mandatory training within the first 5 weeks, and received protected time to do this. We saw evidence of induction training checklists which included but were not limited to clinical duties, record keeping, handling incidents, complaints handling and health and safety. The induction checklists were signed off by the staff member and the manager once each parameter had been completed. All hair technicians worked closely and under the supervision of the surgeon.

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, social or psychological issues before their initial consultation. The consent forms included a diagram, which demonstrated where the hair follicles would be transplanted to, and a psychological assessment. Basic operative notes documented blood pressure, pulse and oxygen levels, pain levels and temperature observations and all medicines administered throughout the procedure. They also included a count sheet, which documented the number of hair follicles extracted and the number of grafts which had been carried out. The surgical report detailed all staff members who were in the room and who was the lead operating surgeon.

Records were stored securely. Paper records were stored within a locked storeroom within the clinic. They were also scanned and stored onto a secure online cloud facility, and could be accessed on password protected computers. Record keeping followed guidance from the Academy of Medical Royal Colleges.

The registered manager carried out yearly audits of clinical records, which aimed to assess record keeping and identify any shortcomings. We saw evidence of an audit, where 20 records were assessed against different parameters. The audit identified that height and weight of patients were not recorded in some records. The registered manager produced a height conversion chart which was included in record templates to help staff remember to record this. The record templates for PRP and the surgical report templates were also updated following this audit, as the audit identified that they could be improved.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. Medicines were not always stored correctly.

Staff followed systems and processes to prescribe and administer medicines safely. The service had robust auditing processes in place which demonstrated that each medicine could be accounted for at all times. Each medicine had its own log. Each time a box of medicine was opened, staff signed the log sheet to confirm that box was in use. Every time each medicine was administered, staff completed the logbook to indicate the patient the medicine was administered to, the batch number and expiry date of the medicine, and how many tablets were left in each box. We saw evidence that the logbooks were up to date and used correctly.

The service had a medications management policy, which stated that medicines were procured only from suppliers with appropriate liability and indemnity insurances, and could demonstrate a secure supply chain to guarantee the safety and effectiveness of the medicine.

Diazepam was prescribed for patients who needed help to reduce their anxiety during FUE hair transplant surgery. Diazepam is a schedule 4 controlled drug, and was dispensed on site for patients who required it. If there were any excess medicine, they were returned to the pharmacist for denaturation and disposal. Diazepam was stored within a locked cabinet.

The service carried out yearly audits on prescription drugs. The audit had identified that staff did not always fill in all necessary patient data within the records. We saw that actions had been taken following the audit, including discussing the record keeping policy at the next staff meeting and ensuring all staff had read it.

Good

Surgery

Staff reviewed each patient's medicines and provided advice to patients and carers about their medicines. Following a hair transplant procedure, patients received a medicines bag, which included all medicines required following a hair transplant procedure. Medicines included steroids, painkillers, antibiotics and another medicine which can be used to treat hair loss. Patients received a fact sheet about the medicine which was used to treat hair loss, which included information on how it worked and possible side effects.

Staff completed medicines records accurately and kept them up-to-date. Patient records demonstrated the dose, batch numbers and expiry dates of each medicine administered during the treatment.

The service did not always store all medicines safely. Medicines such as paracetamol, ibuprofen and saline bags were stored within open boxes within a spare clinical room. The room was not locked. Staff told us that these medicines had been moved into this area as a temporary measure, and there were plans in place to install new lockable storage cupboards within this room. A risk assessment had been carried out; the risk of patients or members of the public being able to access these medicines was extremely low. This was because the service had a chaperoning policy, where patients were chaperoned at all times when within the building. Members of the public were unable to access the building as doors were locked at all times. In addition, the service had closed circuit television (CCTV) installed to ensure constant monitoring of the area. Diazepam, which is a controlled medicine, was stored within a locked medicine safe. Following feedback from the inspection team, the service took immediate measures and installed a lock on the door to the room.

The room was cool and was ventilated, but staff did not monitor the temperature within this room. Some of the medicines were required to be stored at temperatures below 25 degrees Celsius. As the service did not monitor the temperature in the room, there could be no assurances that these medicines had not been exposed to fluctuations in temperature. The expiry date of medicines can be affected if they are exposed to fluctuations in temperature. All medicines stored within this room were well within their expiry dates.

Antibiotics were prescribed prophylactically to reduce the incidence of infection in all FUE hair transplant cases. The surgeon did not assess each case on an individual basis. There is no professional guidance specific to antibiotic prophylaxis and FUE hair transplants, and there is a mix of views as to whether they are required. According to NICE guidelines on surgical site infection: prevention and treatment, antibiotic prophylaxis is required for clean surgery involving the placement of a prosthesis or implant. The service followed antimicrobial guidance from a local NHS trust.

The service aimed to complete 6 monthly audits of antimicrobial prescribing. We saw an audit where 20 patient records were selected between March 2022 and December 2022. The audit looked if the records included the dosage, frequency and duration of the medicine and if the surgeon had documented a reason for prescribing the medicine. This audit showed that all criteria had been met in all 20 records, and no further action was required. If evidence of non-compliance was found, the service would conduct a full investigation.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Diazepam, which is a controlled drug, was stored within a locked cabinet. The keys to this cabinet were stored within a locked room.

Incidents

The service had systems in place to managed patient safety incidents well. Staff recognised when to report incidents and near misses. Managers had processes in place to investigate incidents and share lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

Good

Surgery

The service had recorded no incidents at the time of inspection.

Staff would raise concerns and reported incidents and near misses in line with the service's policy. This outlined what steps to take in the event of an incident or notifiable safety incident. Staff told us that they would report any incidents to the registered manager or surgeon. In the event of any incident, an incident investigation and management record would be completed. This gave details of the incident, any immediate actions taken, witness statements, and advice on how to report the incident to external agencies when required.

Serious incidents, safety incidents, never events or complaints would be recorded on an event register. The service had not recorded any events in the year preceding the inspection.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. They followed the service's duty of candour policy and we saw evidence of an occasion when it had been implemented. The service had kept a patient fully informed when the planned amount of grafts could not be taken due to a difficult extraction. The patient had been quoted for 3000 grafts to be taken, but only 2621 grafts were obtained. The patient received a refund to account for not being able to take the full amount of grafts. The patient was grateful for being kept informed.

Staff met to discuss the feedback and look at improvements to patient care. Incidents would be discussed within staff meetings which were held monthly.

Is the service effective?

Good

This was the first time this service had been inspected. We rated effective as 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. The service met cosmetic surgery standards published by the Royal College of Surgeons.

The surgeon 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 Royal College of Surgeons (RCS) professional standards for cosmetic surgery

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.

In addition, they followed guidance from the National Institute for Health and Care Excellence (NICE) and a local NHS trust antimicrobial guidelines.

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. The assessment was based on the Modified Generalised Anxiety Disorder Assessment (MGAD-7) and was tailored to be in relation to hair loss. The MGAD-7 score was calculated by assigning scores to each response category and adding the scores up. Scores of 5 were considered to be mild anxiety, 10 was considered as moderate and 15 was considered as severe anxiety. If there were any concerns, the surgeon would recommend that the patient seek support before having any interventional treatment. This would be referred either through the patients GP or via a private psychologist.

Nutrition and hydration

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

One patient said; 'surgery was carried out with all precautions, safety in mind, with excellent facilities and caring staff to look after you at all times. Lunch and snacks all provided'.

Another patient told us, 'I was supplied with a lovely dinner, and refreshments throughout' and another said, 'the assistants were amazing and helpful, they even went out and got me fish and chips for my lunch'.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Pain scores were recorded in patient records. Patients were asked to rate pain out of a score of 10. They were repeated in the morning, at lunch time and in the afternoon. We observed 3 sets of records; all records stated that patients had no pain.

Patients received pain relief soon after requesting it. Patients received local anaesthetic for the procedure. If patients were experiencing pain, further local anaesthetic would be given. Paracetamol and ibuprofen pain relief were dispensed both during and following the procedure. This form of pain relief was supplied in the medicines bag and given to the patient to take home.

Staff prescribed, administered and recorded pain relief, but did not always state the dose. We reviewed 3 sets of patient records. The quantity, batch numbers and expiry dates of the local anaesthetic were recorded accurately. However, although the time of administration was documented, the dose of the pain relief was not always recorded, with 1 record stating '2 paracetamol' and '2 ibuprofen' given, which does not indicate the exact dose.

Patient outcomes

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

Good

Surgery

There were no relevant national clinical audits for hair restoration services. However, the surgeon participated in clinical outcome review meetings with other hair restoration surgeon colleagues. We saw evidence of a meeting that had taken place in September 2022 which had looked at the outcomes of 7 patients. Learning points were identified following an assessment of the outcomes.

The surgeon participated in case based discussion exercises, where different cases were discussed with a colleague. These exercises identified areas of good practice and any areas which needed development.

Managers and staff used the results to improve patients' outcomes. We saw evidence of a case based discussion, and how ethnicity can affect FUE hair transplant surgery. Agreed actions were put in place, so that the surgeon now examines graft quality more regularly for these cases. Another case based discussion was around hair line design. Agreed actions following this exercise was to consider a more conservative hair line when in doubt and to be cautious about placing the hair line on or below the frontalis muscle.

Outcomes for patients were positive, consistent and met expectations. Patients were reviewed following their hair restoration procedures at regular intervals to assess outcomes. Photographs were taken at review appointments, and patients were encouraged to send in their own photographs to demonstrate their progress. Outcomes would be fully assessed at 12 months post-procedure, and as the service had not been operating for 12 months at the time of the inspection, the service could not demonstrate their success results at 12 months. However, the service had conducted a clinical outcomes review of 7 patients at their 6 months follow up appointment, which showed that 100% of patients were happy with the growth 6 months post-operatively.

The service carried out a comprehensive programme of repeated audits to check improvement over time. Clinical outcomes review meetings were planned for every 6 months.

Managers used information from the audits to improve care and treatment. Learning points were identified for each case within the clinical review meetings.

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 hair transplant surgeon was registered on the General Medical Council (GMC) register and was an associate member of the International Society of Hair Restoration Surgery (ISHRS). They kept their skills updated and had registered to attend a surgical skills course in the months following the inspection.

The registered manager was an optometrist and had completed additional mandatory training in customer care, effective supervision, appraiser training, office safety and performance management, which supported their role as a registered manager.

Hair technicians did not conduct any surgical steps of the procedure, such as making FUE incisions, but assisted the surgeon with non-surgical aspects of the procedure such as removing the follicular unit grafts, processing them and

implanting them into the incisions made by the surgeon. This was in accordance to guidance from the Cosmetic Practice Standards Authority (CPA) and the British Association of Hair Restoration Surgery (BAHRS). Hair technicians had been trained up by the service, with some attending another established hair restoration services clinic for intensive training, and others being trained in-house.

All staff had current and up to date disclosing and barring services (DBS) checks and were up to date with their vaccinations, including against hepatitis B.

Managers gave all new staff a full induction tailored to their role before they started work. We saw evidence of induction training checklists which included but were not limited to, clinical duties, record keeping, handling incidents, complaints handling and health and safety. The induction checklists were signed off by the staff member and the manager once each parameter had been completed.

Managers supported staff to develop through regular constructive appraisals of their work. Staff had the opportunity to discuss training needs with the manager and were supported to develop their skills and knowledge. Hair technicians received an appraisal at 3 months, 6 months and then at 6 monthly intervals from then on. Staff appraisals looked at successes and the progress of the staff member, any obstacles experienced by the staff member, teamwork and communication skills. The appraisal process gave the staff member the opportunity to raise any concerns and to discuss additional responsibilities or career progression. We saw one appraisal form discuss a target to increase implementation speed and the chance to try using magnifying loops to see if this would benefit the employee in their work.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff competence records were completed and amended to reflect the competencies of each new employee. These forms looked at various parameters, such a setting up the surgery, decontamination of equipment, managing clinical waste and handling and sorting grafts. Both the employee and the manager signed to confirm when the employee was competent under supervision, when they could complete the tasks independently and again when the employee was deemed to be competent enough to train other staff members in that task. Staff competence records were repeated if any concerns were raised about an employee's performance.

The surgeon supported the learning and development needs of staff. They held training days and had developed learning presentations for staff members. We saw evidence of learning presentations in extraction and implementation of hair grafts, graft handling and sterility in hair transplant surgery. The presentations allowed for questions and a quiz to test knowledge.

Managers 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

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Internal staff meetings were held monthly, where the surgeon and the registered manager met with the hair technicians to discuss issues relating to the service. In addition, the surgeon participated in peer review and clinical outcome review meetings with another hair transplant surgeon external to the service, to discuss patient outcomes and learning points around hair restoration services.

Good

Surgery

Staff worked across health care disciplines and with other agencies when required to care for patients. The service worked closely with a pharmacist, who supplied the necessary medicines to the service. When required, the surgeon referred patients to their GP if they had identified that there may be other health issues which caused the hair loss.

Staff referred patients for mental health assessments when they showed signs of mental ill health or depression. Patients who were identified as requiring additional help through the psychological questionnaire would be referred through their GP or directly to a psychologist.

Seven-day services

This was not a 7 day service. However, patients could contact the service seven days a week for advice and support after their surgery.

As this was a new service, clinics ran on an ad-hoc basis and depending on patient need. The service had accommodated patients who wished to have their surgery carried out on a Sunday. Following the procedure, all patients were able to contact the surgeon or the registered manager via a messaging service, which was manned 24 hours a day, 7 days a week, for advice.

One patient said, 'extremely excellent care from start to finish. They prepare you well, provide a full programme to follow, in hours and after hours support at hand all the time'.

Another patient said; 'It's an excellent service and they continue to provide me with support and care as I need it'.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Patients wishing to proceed with hair transplants were required to stop smoking for at least 2 weeks before the procedure. This is because smoking can cause an increased risk of infection. The surgeon was able to support and encourage patients to stop smoking following the procedure when required.

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 and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service's mental capacity act policy and had access to a mental capacity assessment document if required. Staff received and kept up to date with training in the Mental Capacity Act.

Good

Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They followed guidance from the Royal College of Surgeons Professional Standards for cosmetic surgery, which states that the surgeon carrying out the procedure is responsible for discussing and gaining consent with patients; this responsibility should never be delegated. Once patients had all the information required to make an informed decision, they had time to reflect on their decision and were given a cooling off period.

Staff made sure patients consented to treatment based on all the information available. Patients were given a wealth of information to help them make informed consent.

Staff clearly recorded consent in the patients' records. Consent forms were signed and dated by both the patient and the surgeon. They included consent for video and audio recording as the practice had closed circuit television (CCTV). Patients consented for photographs to be taken and if they were happy for their photographs to be used for education or marketing purposes. The registered manager told us that if they decided to use a set of photographs for marketing, they would always re-gain consent, in case the patient had changed their mind.

Is the service caring?

Good

This was the first time the service had been inspected. We rated caring 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. 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 1 patient would be treated in any day, and they had a team of staff dedicated solely to their needs. One patient told us, 'I felt welcomed from the beginning. I was treated very professionally, and it was a smooth process. I never had to wait and was told I could always reach out with any questions.'

Another patient said, 'Every person was so genuine and welcoming, they made me feel really comfortable the whole time and still now when I have questions, they always respond to me quickly'.

Patients said staff treated them well and with kindness. Feedback from patients we spoke with was positive and complementary. One patient said, 'I had an absolutely amazing experience with The Hair Dr for PRP treatment. I was really nervous about the treatment, but Dr Hamza reassured me and kept me calm throughout the procedure. As soon as I entered, I was treated with ultimate professionalism; the facilities were very clean, and the staff were extremely friendly. The experience was great, and I can't wait to return for my second treatment!'

Staff followed policy to keep patient care and treatment confidential. All hair technicians were required to sign a confidentiality agreement. 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.

Emotional support

Good

Surgery

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

Staff gave patients help, emotional support and advice when they needed it. Patients were given a telephone number, where they could message the service at any time with any questions or queries, either before or after the procedure. One patient told us, 'I kept messaging with questions, and had quick responses. I am still in contact with them and it has been 7 months since I had the procedure done.'

Another patient said; 'they outlined treatment clearly and answered all of my questions. I did not feel pressured or rushed into taking up treatment, and I was able to come back with multiple questions before I made my decision. They were very supportive during the treatment process and the after-care was very thorough.'

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing. All patients completed a psychological questionnaire before the procedure and as part of the consent process. If there were any concerns, patients were referred for further help. The registered manager told us how they had supported a young man who was too young to have FUE hair transplant surgery, but was anxious about his hair loss.

One patient told us, 'I could always message them whenever I have questions and I get a prompt response which helped alleviate my concerns and worries'.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. One patient said, 'everyone was so informative and helpful pre-procedure. I had so many questions in the run up to the procedure, all of which were answered perfectly. I arrived with no fear or concerns, when meeting the doctor, he was friendly and made sure I was happy with everything we'd agreed. Everyone was so friendly. The day of the procedure was faultless from start to finish.'

Staff talked with patients in a way they could understand, using communication aids where necessary. Patients were given information leaflets about the different treatments on offer, including FUE hair transplant surgery, PRP therapy and medicines which can be used to treat hair loss.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients were invited to give feedback following their appointments through patient satisfaction surveys. The complaints process was displayed on a notice board within the clinic. All patients were encouraged to give feedback directly to CQC about their treatment.

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. Out of 6 patient feedback questionnaires, all respondents said that the surgeon talked to them about their procedure at the initial stage, and they were provided with a high level of patient literature before attending their appointment.

Patients gave positive feedback about the service. We looked at a selection of 6 completed feedback questionnaires.

Good

Surgery

- 100 percent said that they fully agreed that they had confidence in the knowledge and abilities of the doctor and others involved in their procedure
- 100 percent said that their opinion was always taken into account when treatment options were discussed
- 100 percent would recommend the service to friends

Patients were encouraged by the service to give feedback directly to CQC. We had received 8 positive feedback forms from patients who had used the service and no negative feedback forms in the year preceding the inspection. Responses included; 'Exceptional treatment with a superior customer centric approach. The Hair Dr took a legitimate interest in my hair and was transparent and supportive throughout.' Another said; 'Brilliant service! Informative, helpful, very comfortable throughout. Results are great! 10/10 can't recommend enough.'

Is the service responsive?

Good

This was the first time the service had been inspected. We rated responsive as good.

Service delivery to meet the needs of local people

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

Facilities and premises were appropriate for the services being delivered. Car parking was available for all service users. Using public transport was discouraged for a week following FUE hair transplant procedures, due to the risks of infection. Hotel accommodation was arranged for patients who had travelled from further afield, as the procedure was long, and patients would be too tired to travel long distances home.

The service had a dedicated decontamination room for sterilisation and disinfection of equipment on site.

Service users used a quiet room to have regular and frequent breaks throughout the procedure. A kitchen was available on site, with a selection of hot and cold drinks and snacks.

The service had systems to help care for patients in need of additional support or specialist intervention. All toilets were equipped with handrails and doors were accessible to patients in wheelchairs. The service had assessed that upstairs treatment rooms were not accessible for people with additional mobility needs, and referred and treated those patients who could not manage the stairs at an alternative clinic.

Managers monitored and took action to minimise missed appointments. The service kept in close contact with all service users before their appointments.

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. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

Good

Surgery

Hair restoration surgery is an elective, cosmetic surgery. It is contraindicated for patients under the age of 18 and for patients with certain forms of alopecia. The surgeon assessed patient suitability before deciding if hair restoration surgery was suitable for each individual. Other contraindications included patients between the ages of 18 and 25, uncontrolled diabetes and smokers (due to the increased risks of infection), and patients above the age of 70 with other significant medical problems. Other options were considered for those patients where FUE hair transplant surgery was contra-indicated.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Records were updated for patients with hearing difficulties, detailing any extra support required. Written information would be given to all patients, to reinforce verbal information and instructions. Sign language interpreters would be used if required.

The service did not have information leaflets available in languages spoken by the patients and local community. However, managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. They followed the service's policy for patients needing translator services. Translator services could be via telephone or face to face interpreters, and policy stated that at least 48 hours' notice was required for face to face interpreters. Guidance was given on how to use telephone interpreters effectively, including advice on keeping sentences short and pausing after each sentence.

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 had completed an audit of disability access in December 2022, which looked at accessibility to the practice. The service operated out of a listed building, and whilst consultation rooms, toilets and facilities were accessible for wheelchair users' downstairs, the service had identified that the treatment rooms located upstairs were not accessible to all. Patients who could not access upstairs treatment rooms could be treated in accessible treatment rooms at another branch of the service. The registered manager told us that they had looked at options to make upstairs rooms accessible in the future, and this was likely to require planning permission due to the building being listed.

Access and flow

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. Initial consultations were offered in person or via video call. The service was flexible and could offer evening appointments if required. The service aimed to carry out surgical procedures on Mondays or Wednesdays, but had accommodated patients who had requested surgery on a weekend.

Managers worked to keep the number of cancelled appointments to a minimum. As there was only 1 surgeon working at this service, the business impact analysis had identified that if the surgeon was unable to work, another branch of the service would either provide a replacement surgeon, or patients could be treated within the other branch. Replacement hair technicians could also be sourced from the other branch, or locum hair technicians employed if needed.

Staff supported patients following their procedure. All patients were supplied with the service's mobile telephone number, which was manned 24 hours a day, 7 days a week. Patients could contact the surgeon or registered manager with any concerns.

Good

Surgery

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. However, the service did not have a clear system for referring unresolved complaints for independent review.

The service clearly displayed information about how to raise a concern in patient areas. A complaints procedure leaflet was displayed in the quiet room and a copy of the complaints process was available at the reception desk. However, details on how to make a complaint was not evident on the service's website.

Staff understood the policy on complaints and knew how to handle them. Complaints would be directed to the registered manager of the service, who would investigate them. Following a full investigation and discussion with the complainant, the registered manager would find solutions to make sure the problem would not happen again.

The service's practice quality assurance and governance policy stated that if the complainant was still unhappy following the service's investigation, they could direct their complaint to CQC. CQC does not investigate or seek to resolve or adjudicate on any individual complaints, but welcomes hearing about any concerns. It was not clear what the service would do if they were unable to resolve a patient complaint internally.

Managers investigated complaints and identified themes. The registered manager aimed to complete an audit of complaints each year. Between March 2022 and March 2023, the service had received no complaints. They looked through feedback questionnaires and identified any potential areas of improvement from patients' comments.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback would be discussed during the monthly staff meetings.

Staff could give examples of how they used patient feedback to improve daily practice. They had received feedback that the clinic was not easy to find, as the sign outside the clinic was small. As the building was a listed building, the service was looking at getting planning permission so that the signage could be improved. The service aimed to consider all patient feedback and take appropriate actions in response when feasible and beneficial.

Is the service well-led?

Good

This was first time the service was inspected. We rated well led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. 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.

Good

Surgery

The surgeon had achieved a Bachelor of Medicine and Bachelor of Surgery in 2017 and were registered to practice with the General Medical Council. They had worked in the fields of plastic and head and neck surgery within NHS hospitals, before developing their interest in hair restoration services. In 2021, they qualified as an associate member of the International Society of Hair Restoration Surgery (ISHRS).

The registered manager was an optometrist by background. They had completed a comprehensive list of training modules, which equipped them with the skills required to manage the service. This included training in appraisals, effective supervision, customer care and risk management.

There was no recognised training for hair transplant technicians, therefore the service trained hair technicians and ensured their competencies in house. All potential staff members were checked against a fit and proper persons check and had disclosing and barring service (DBS) checks. Hair technicians received regular appraisals, where areas of development were discussed.

The surgeon attended each clinic and worked closely with the hair technicians.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service aimed to deliver high quality hair regeneration services at good prices, provided with a high level of care. As the service was newly established, and had only been in operation for a year, their immediate aim was to develop the name and build the brand. Managers of the service understood that in order to achieve the aim of building the brand in the area, they needed to develop good relationships with patients and build trust. Going forward, the service aimed to develop the processes that were already in place so that they were seamless, while understanding that there was always room for improvement.

The service's quality objectives were to continually improve the level of care and service, while working to earn a great reputation, so that patients refer their friends and family to them.

Patient safety was a top priority for managers of the service, ensuring that there were no adverse outcomes for patients, while delivering effective hair restoration service. Managers aimed to be visible and responsive to staff feedback, with the aim to encouraging staff to work with the service long term.

Managers believed that their methodology of treating only 1 patient per day helped with delivering their aim. They wanted to deliver on quality rather than quantity. Managers realised that in order to develop the brand in the area, they relied on recommendations from patients to others. They believed that an open and honest approach, coupled with patient centred care, would be the driving force for the service.

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, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Good

Surgery

The service adopted a 'no-blame' learning culture. Managers aimed to provide an open and equal working relationship with all staff. The service had 4 hair technicians, who had all been trained up in hair restoration procedures by the service. Two of the technicians had completed an intensive training week with another hair restoration service clinic. Now that these staff members were established, they carried out training in house. One staff member told us that the registered manager and surgeon were supportive. They said that managers were 'interested in what the staff think and will listen to ideas. It is a healthy environment to work'. Staff were all on zero hours contracts, as the service had not developed to being full time. Staff told us that this suited them.

Staff were given different tasks, such as medicines audits. This helped make them feel valued and gave them an understanding into the everyday running of the service. The service had arranged a training day in cardio-pulmonary resuscitation. Staff told us that it had been an enjoyable, team building exercise. Team working was encouraged throughout the service.

Staff received appraisals at 3 months, 6 months and then at 6 monthly intervals. The appraisal forms gave staff the opportunity to raise concerns and areas where they felt there could be improvement.

The service was working towards an 'Investor in People' standard through supporting training and development and a devolution of control and empowerment amongst staff members.

All patients to the service were encouraged to leave feedback. They received feedback questionnaires and were directed to give online reviews and feedback to CQC. CQC had received 8 positive feedback forms in the 12 months preceding the inspection.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

Leaders followed the service's quality assurance and governance policy. The service aimed to have a successful practice by providing a standard of service that consistently satisfied the needs and expectations of patients. They understood that this level of quality could only be achieved by continually identifying areas of improvement.

The service employed a robust online compliance software tool, which supported the registered manager in keeping policies and procedures up to date. The compliance software prompted the registered manager to perform quality improvement through regular risk assessments and audits, which included follow up actions. A regular review of policies and procedures ensured that they were up to date and reflected the findings from the audits and risk assessments. The audits had identified areas of improvement, and actions were taken. For example, patient record templates had been modified to reflect improvements that had been identified within an audit on clinical records.

The service aimed to actively seek patient feedback, and responses were used to improve patient care. Responses were evaluated to identify areas of possible improvement.

The service aimed to complete annual reviews to assess how well the service had performed and to drive improvement through team training and appraisals. Hair technicians received regular appraisals, which allowed them to discuss their progress and identify any areas of improvement

Good

Surgery

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a risk register, which identified potential risks and measures that were in place to mitigate each risk.

The service's online compliance software prompted the registered manager to conduct risk assessments at regular intervals. We saw evidence of 24 risk assessments, which included risk assessments of the clinical environment, operation of the autoclave, sharps, ventilation and slips, trips and falls.

The service had not recorded any incidents in the 12 months preceding the inspection, but had incident log sheets readily available. The registered manager and the surgeon of the service were able to describe what steps they would take in the event of an incident.

The service had conducted a business impact analysis, which outlined the measures that would be taken in different scenarios, such as loss of gas supply or heating or in the event of sickness of the surgeon. The analysis included what measures could be taken to reduce the risk. For example, in the event of loss of gas supply or heating, the analysis provided the contact number of the maintenance company of the boiler, who provided emergency call outs. In addition, the service ensured that decontamination equipment was regularly serviced and tested, to reduce the likelihood of decontamination equipment failure, which would result in the need to cancel appointments due to a lack of instruments.

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.

Patients records were paper based and were stored for a minimum of 7 years, conforming to information governance standards. In addition, records were scanned on to a secure online storage facility, which were accessed on password protected computers or devices.

Patient feedback was analysed and assessed. Feedback was encouraged through patient satisfaction surveys, which were sent to all patients following their appointments. The service completed a yearly audit of patient complaints. The audit looked at the number of complaints which had an initial response within 2 to 3 days, the number of complaints resolved within 30 working days, the number of complaints resolved within 3 months and the number of complaints referred to the GMC or the ombudsman. The service had received no complaints between March 2022 and March 2023. The service had identified an area of improvement through analysing patient feedback. Feedback had suggested that the signage outside the building was too small, therefore the service was looking to improve this.

Audits, risk assessments, records of staff appraisals and other important documents relating to the running of the service were both paper based and scanned on to a secure online storage facility. We saw evidence of regular audits and risk assessments. They included actions that should be taken to reduce further risk. Actions were signed off once they had been completed. We saw evidence of 11 audits that had been completed in the year preceding the inspection, and we saw that changes had been made to reflect the outcomes of the audits

The registered manager understood their responsibilities of when to notify the local authority and CQC of notifiable incidents, such as safeguarding concerns.

The surgeon told us that if they had any concerns with equipment or medicines, they would use the Yellow Card Scheme. This is the system used for recording adverse incidents with medicines and medical devices in the UK and is run by the Medicines and Healthcare Products Regulatory Agency (MHRA).

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The surgeon was listed as an associate member on the International Society of Hair Restoration Surgery (ISHRS) website. The ISHRS promoted education, ethics and research within hair restoration services.

The surgeon was a member of the British Association of Hair Restoration Services (BAHRS). They followed guidance from BAHRS on the professional standards for hair technicians and hair transplant surgeons. The service also followed guidance from the Cosmetic Practice Standards Authority (CPSA) which outlined standards for hair transplant surgery.

As this was a new service, the surgeon participated in peer review sessions and clinical outcome reviews with another hair transplant surgeon.

The service had registered to the Medicines and Healthcare Products Regulatory Agency (MHRA) central alerting system. This system issued patient safety alerts and important public health alerts, such as if a medicine had been recalled. Managers told us that they had found this service extremely useful when working through the Covid-19 pandemic, as they were kept updated on the changes implemented. The service worked closely with a pharmacist who supplied the necessary medications to their patients. They also kept the service notified on any recalls or changes.

All patients were actively encouraged to give feedback on the service through a feedback questionnaire. They were also encouraged to leave online reviews and give feedback directly to CQC. Feedback was positive, and the service had received no complaints in the year preceding the inspection. However, all responses were evaluated so that any areas of improvement could be identified.

The service followed the principles outlined by the Advertising Standards Authority (ASA). The surgeon could not express to be 'highly experienced' as they had not practiced hair transplant surgery for at least 6 years, as expected by ASA. All photographs used for marketing purposes to show hair transplant surgery results were true reflections of the results achieved. The surgeon sought express consent from patients before using their photographs for marketing purposes.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

In addition to yearly mandatory training and continued professional development, the surgeon completed reflective learning. This involved documenting learning objectives and learning outcomes from reading journals which were

relevant to the field of hair restoration services. The reflective learning documented how any learning was put into practice. We saw evidence that the surgeon had decided to use a wider punch to ensure optimal graft integrity following reflective learning. The surgeon told us they were interested in learning about novel techniques such as hair cloning and robotics. They participated in regular peer review case based discussions, where they reflected on certain cases. A particular interest was hair transplantation in Afro-Caribbean patients, as these cases can be more complex due to different skin types.

The surgeon participated in regular peer review sessions where the mentor observed the surgeon at work and gave feedback on any improvements that could be made. We saw evidence of feedback, where the mentor had recommended that the surgeon should perform quality checking mechanisms to check the grafts from different areas, as graft characteristics can change quickly from one area to the next.

The surgeon attended yearly conferences, webinars and workshops held by the ISHRS. They also attended courses specific to platelet rich plasma (PRP) therapy and online courses on trichology (the branch of medical and cosmetic study and practice concerned with the hair and scalp). They had registered to attend an essential surgical skills course in the months following the inspection.

Hair technicians were not formally qualified before taking up their roles at this service. All training was in-house, with some of the hair technicians undertaking intensive training at another hair restoration clinic. They were expected to have completed all mandatory training within the first 5 weeks of employment.

The surgeon created learning presentations and held training days, which were used to further educate the hair technicians on techniques such as sterility in hair transplant procedures, graft handling and extraction and implementation. The surgeon completed a reflective practice template to reflect on the success of the presentations and training days with a mentor. They identified that it was a useful exercise, allowed the surgeon to practice their research skills and presentation skills and helped to engage staff members. They saw evidence of improved techniques from the hair technicians following the exercise.

The service had been shortlisted as a finalist in the Hair Restoration Practitioner – Clinic of the Year category of the Aesthetic Medicine Awards for 2023. They were due to complete the next stage of the judging process in the weeks following the inspection.

The surgeon had been awarded a Certificate of Medical Excellence in recognition of their professional and medical excellence by Top Doctors for 2022 to 2023.