

Excel SA Limited

# Aventus Clinic

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location		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 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. The service had processes in place to manage safety incidents and learn lessons from them.
- 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. They followed the two-stage consent process.
- 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 patients' individual needs and made it easy for people to give feedback.
- Leaders ran services well 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:

- There were inconsistencies in the documentation of mandatory training.
- Regular reviews of medicine stock were not documented.
- The service did not always follow its recruitment policy as a member of staff had been recruited before the service had received their references.
- There were inconsistencies in some staff personnel documentation.
- The service did not have an overall risk register at the time of our inspection.
- There was no structured system in place for collecting and auditing patient feedback.

# 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 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 Aventus Clinic

The service was operated by Excel SA Limited. The service was a private clinic located in Hitchin which provided follicular unit extraction (FUE) hair transplants to patients over the age of 18. The clinic also provided a number of cosmetic and dermatology services that were not within scope for regulation and were therefore not inspected.

The service was registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

A registered manager has been in place at the service since it opened in December 2019.

This was the first inspection of the service.

## How we carried out this inspection

We carried out a short notice announced comprehensive inspection of the service on 11 May 2022. We spoke with four members of staff, reviewed nine patient records, personnel files for five members of staff and policies and procedures for the service.

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

## Areas for improvement

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

### Action the service **SHOULD** take to improve:

- The service should ensure that mandatory training completion is documented correctly. (Regulation 17)
- The service should always follow its recruitment policy regarding pre-employment checks to ensure suitable staff are appointed. (Regulation 19)
- The service should manage and store staff files consistently. (Regulation 17)
- The service should develop a system to document risks to the service are regularly reviewed. (Regulation 17)
- The service should ensure regular medicine reviews are documented. (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 inspected this service. We rated safe as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff.**

Staff received and kept up to date with their mandatory training. At the time of our inspection there was an existing mandatory training programme in place and the service was in the process of transferring to a new training provider. We saw evidence of the contract with the new training provider which was dated 13 April 2022. We also saw the new training system which was in the process of being rolled out throughout the service. Data provided following inspection showed that overall mandatory training compliance was 92.3%.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was provided through a series of e-learning sessions, including adult basic life support, infection prevention and control, fire safety, moving and handling, health and safety, equality and diversity, and safeguarding for both children and vulnerable adults.

Clinical staff completed training on recognising and responding to patients with mental health needs. Clinical staff completed training in mental health and mental capacity.

Managers monitored mandatory training. The compliance consultant monitored mandatory training. The process with the new training system allowed the compliance consultant to allocate training to staff when they needed to update it. This system had not yet been rolled out at the time of our inspection.

There were some inconsistencies with the recording of mandatory training. Three mandatory training courses had expired for one member of staff; however, it was marked green as being in date on the staff training matrix. There was some training that was listed as requiring annual completion, however, it was documented that it was not due to expire for two years. Similarly, there was some training that required completion every three years; however, the expiry date was documented two or four years after the completion date. There was a training course where the expiry date was documented as the same as the completion date.

# 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. All staff received mandatory training at level 1 and 2 for safeguarding adults and children. The registered manager was the safeguarding lead and completed level 3 training in safeguarding adults and children.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, the service had measures in place to protect people who may be at risk of coercion. Managers gave examples where they had offered second consultations free of charge to explore any concerns and ensure the patient was seeking treatment for the right reasons. They ensured that consultations were only carried out with the patient and no third parties.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to work with other agencies to protect them. Staff were able to describe different methods of recognising abuse. The service had an up-to-date safeguarding policy in place. The policy was comprehensive and provided staff with relevant information including the safeguarding procedure.

The service had a safeguarding lead who was trained to level three in safeguarding adults and safeguarding children. The safeguarding lead was able to provide advice and support to staff if required. The service did not have access to level 4 trained staff.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us they would speak to the registered manager if they had any safeguarding concerns. The safeguarding policy names the safeguarding lead and includes contact details for the local safeguarding authority.

The service had a recruitment policy. Staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. If a member of staff declared any convictions, a risk assessment must be completed by a manager.

## 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. On inspection the clinic was clean and tidy and hand sanitizer gel was freely available. The furniture in all areas, including the waiting room and treatment rooms, was able to be cleaned. All flooring was visibly clean, safe and in good condition.

The service generally performed well for cleanliness. An external cleaner deep cleaned the clinic once a week. Staff cleaned equipment and treatment rooms after patient contact and the reception area was cleaned daily.

We reviewed daily cleaning records over a period of two weeks for clinical and non-clinical areas within the service. We found that all cleaning had been carried out as required with no omissions.



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The service completed an infection control audit in May 2022 which included hand hygiene, cleaning, environment, waste and staff training. The service was fully compliant with the audit, no discrepancies were noted and no actions were required.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE in line with national guidance. We observed a hair transplant procedure during our inspection and found that staff used appropriate PPE and regularly washed their hands as required.

Staff worked effectively to prevent, identify and treat surgical site infections. Patients were provided with written information before their treatment as well as post treatment care requirements to promote healing. Patients were followed up to review their treatment and assessed for any signs of infection. If any surgical site infection was identified this would be recoded on the patient's notes. Where appropriate, preventative antibiotics were prescribed. The service reported no surgical site infections in the twelve months before the inspection (May 2021 to May 2022).

## Environment and equipment

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

The design of the environment followed national guidance. The service had two treatment rooms which followed national guidance and were well maintained.

The clinic was situated across one floor; however, it was accessed by stairs. There was an entrance at the back of the building which was on one level. This entrance could be used by anyone who had mobility issues.

Staff carried out daily safety checks of specialist equipment. Staff escalated any concerns to the registered manager or the compliance consultant. The service carried out monthly environmental audits which included whether equipment was clean and in good working order. We reviewed the audit for April 2022 and found the service had 100% compliance with the audit. There was room to add comments, further observations and an action plan if required.

The service had enough suitable equipment to help them to safely care for patients. The treatment rooms contained suitable equipment for the procedures completed in that area. The treatment room where the hair transplants took place had a supply of sterile and single use equipment such as needles, syringes and dressings. We saw that sterile items were stored in easily accessible cupboards and all items were checked for expiry regularly. A sample check of equipment, including needles, gauze and syringes demonstrated all were in good condition and in date.

The service had portable appliance testing in place for all electrical equipment. Clinical equipment was serviced and calibrated in line with manufacturers recommendations.

The service held medicines for anaphylaxis. Staff checked the anaphylactic kit regularly, which was evidenced in the medicines inventory.

The service had different sized punches so that an appropriate one could be selected depending on the patient to help reduce the risk of scarring.

The treatment rooms had examination couches which could be adjusted to allow the patient to be laying down or sitting up. Both couches were within date for testing.

# Surgery

The treatment rooms were equipped with weighing scales, this enabled the doctor to accurately calculate weight based local anaesthetic administration. The service also had a battery powered blood pressure monitor device.

Staff disposed of clinical waste safely. Sharps bins were labelled and used appropriately with no overfilled sharps bins seen in the clinic. There was a service level agreement in place with an external company for the fortnightly collection of clinical waste. Clinical waste was stored in secure containers outside the clinic.

We found a fire extinguisher that was due a service in June 2021. Managers immediately sought to replace it and informed us that the reason it had been missed was because it was the responsibility of the landlord. The service informed us they will incorporate the fire extinguisher into their own checks to ensure service dates would not be missed in the future.

## 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 knew how to identify deteriorating patients and there was a process in place to escalate unwell patients appropriately. The service used local anaesthetic for hair transplant procedures. All hair transplant procedures were carried out by the doctor. The doctor was trained in advanced life support (ALS). In the event of an emergency, staff would call emergency ambulance services to transfer the patient to an NHS hospital.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Pre-operative consultations were carried out in line with national guidance. Risk assessments included the patient's suitability for the procedure, which included medical history, general health, age, existing health concerns, medications and other procedures. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment in line with the Royal College of Surgeons Professional Standards for Cosmetic Surgery (2016). We reviewed nine patient records and saw that risk assessments were completed for all patients.

Staff knew about and dealt with any specific risk issues. Managers told us patients who attended the clinic were generally very low risk. We saw that risks associated with treatments were discussed as part of the patient's initial consultation. Staff received mandatory training in sepsis awareness. Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis, they would arrange for immediate transfer to the local acute NHS trust. Staff reported that no patients had required transfer since the service opened.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. The service had a pre-operative process in place to identify any psychological issues which may affect a patient's decision to have surgery. Patients were asked to complete a health questionnaire which was designed to enable the identification of patients who may require additional psychological support, or who were at a higher risk of being manipulated into undergoing a procedure. All patients had a consultation with the doctor before confirming acceptance of the procedure. Managers told us they would refer any patients they were concerned about for a more in-depth psychological assessment.

Staff shared key information to keep patients safe when handing over their care to others. Staff did not routinely share care with other providers, however they would refer to a patient's GP if necessary and if the patient was in agreement with the information being shared.

# Surgery

Shift changes and handovers included all necessary key information to keep patients safe. Staff told us daily handovers took place involving all staff to ensure key information was shared about the day ahead in order to keep patients safe. The service had a small core team of freelance hair technicians who supported the doctor to carry out the hair transplant procedures. The same staff were present throughout the procedure which prevented risks associated with handing over care.

## 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 skill mix, and gave bank, agency and locum staff a full induction.**

The service had enough staff to keep patients safe. The service employed four permanent members of staff, including the doctor who was also the registered manager, clinic manager, compliance consultant and a receptionist. The service employed freelance technicians to support with hair transplant procedures.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. Staff were available according to the procedures planned within the service. Hair transplant procedures were carried out three days per week. The procedures were time consuming and took approximately eight hours to complete so only one could be completed in a day. The doctor completed the procedure with the support of technicians on the day. Procedures were planned in advance which meant the staffing could also be planned.

The manager could adjust staffing levels daily according to the needs of patients. In the event of any appointment cancellations, staffing could be rearranged. The manager could contact another member of staff to ascertain their availability in the event of staff sickness.

The service had low vacancy rates. The service was in the process of recruiting another receptionist at the time of our inspection. The service had low turnover rates.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service had a core team of freelance technicians who knew the service well. Managers made sure all freelance staff had a full induction and understood the service.

## 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. Staff recorded all cosmetic implants on the Breast and Cosmetic Implant Registry (BCIR).**

Patient notes were comprehensive and all staff could access them easily. We reviewed nine sets of patient records during our inspection and found them to be detailed and clear. The service was in the process of transferring to an electronic records system. Some of the older files we reviewed were paper based. Two of the more recent files we reviewed had a mixture of paper and electronic records.

Preadmission information included a copy of the patient's health questionnaire, treatment contract and preoperative assessment. Allergies, weight and blood pressure were all documented. Consent was clearly recorded within the record and signed by the patient and doctor. Operation notes included details of the procedure, medical history and allergies were documented, as well as who was present during the procedure and any medicines prescribed.

# Surgery

Staff provided patients with follow up information which included contact numbers in the event that they had any concerns post procedure. The records also included details of aftercare which were signed by the patient.

Records were stored securely. Paper records were stored in a locked filing cabinet. The electronic records required staff to use an individual username and password to access the records securely.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. All medicines were prescribed by the doctor. The service held some regularly used medicines and the doctor could write a private electronic prescription for other medicines required. 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.

The service did not use any controlled medicines. The service only carried out procedures using local anaesthetic; no sedation was used. Staff had access to an anaphylaxis kit to be used in the event of an adverse reaction to medicines.

Staff completed medicines records accurately and kept them up-to-date. We reviewed nine patients' records which detailed the dose of medicines and were appropriately signed and dated.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in a locked cabinet in the treatment room. Medicines which were temperature sensitive were kept in a medicine fridge. Staff checked the ambient and fridge temperatures daily to ensure medicines were stored in line with guidance.

We checked the expiry dates displayed on a sample of medicines and found all to be in date. The service carried out a monthly medication audit. The audit included whether medicines were in date, stored appropriately and securely, whether there was appropriate stock of medicines and whether administering staff were suitably trained. We reviewed the audit for March, April and May 2022. Compliance for March and April was 88.9%; as there was one non-compliant action for completion of a stock inventory which was documented in an action plan. Compliance for the May audit was 100% as the outstanding action had been completed.

The registered manager checked the stock of medicines held every ten to 14 days to ensure the service had sufficient stock and also did not over stock. However, these checks were not formally documented. The registered manager informed us there were plans in place for this task to be taken on by the newly appointed compliance consultant who would review and document the stock on a weekly basis.

## Incidents

**The service had processes in place to manage patient safety incidents. Staff knew how to recognise and report incidents and near misses. There was a process in place for investigating incidents and sharing lessons learned with the team.**

Staff knew what incidents to report and how to report them. Staff could give examples of reportable incidents. The service had developed an incident log. The document included a summary of the incident, whether it was preventable, whether it was reportable to safeguarding or the Care Quality Commission, and what action was taken including lessons learnt.

# Surgery

Team meetings took place approximately every six weeks. All members of staff were invited to attend these meetings, including freelance staff. Significant events was a standing item on the agenda. We reviewed minutes from January, March and April 2022 and found that significant events had been discussed. There was a process in place for sharing lessons learned with the team.

The service had no never events or serious incidents from May 2021 to May 2022. Never Events are serious, largely preventable patient safety incidents that should not happen if all available preventative measures have been used.

Staff understood the duty of candour. They knew how to be open and transparent, and how to give patients and families a full explanation if and when things went wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no incidents reported to meet the threshold for the duty of candour. The service had an up-to-date duty of candour policy and staff we spoke to knew about their responsibilities under the duty of candour.

## Are Surgery effective?

Good 

This was the first time we inspected this service. 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.**

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 regularly. All policies we reviewed were signed, dated and within date for review. A recently appointed compliance consultant was in the process of reviewing all policies to ensure they remained accurate and up to date. We reviewed policy documents and found these referenced national guidance. For example, the consent policy referenced to the Health and Social Care Act 2008 and the General Medical Council's (GMC) principles.

Staff assessed people's suitability for proposed treatments. During consultations, the doctor reviewed and assessed each patient's medical history, general health and mental health. Expected outcomes and potential risks were discussed openly and honestly, in line with national guidance and professional standards.

The service had an audit programme which reviewed staff compliance with policy, this included infection prevention and control audits, medicines management, environmental audit and health and safety audits. If non-compliance or the need for additional training was identified by the audit, this was addressed by managers and action was taken to ensure compliance or for staff to complete additional training.

### Nutrition and hydration

**Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.**

# Surgery

Staff made sure patients had enough to eat and drink. Hair transplant procedures were performed under local anaesthetic, therefore patients were not required to fast prior to the procedure.

The procedure took place over the course of a day, and staff ensured that patients had food and drink at appropriate intervals during treatment. Patients were given a choice of food and drink options and food was collected from a local shop. The service was able to take patient preferences into consideration, as well as allergies and dietary requirements.

## 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 using distraction techniques while local anaesthetic was administered to reduce the patient's experience of pain.

Patients received pain relief soon after requesting it. We spoke with a patient who told us their pain had been managed very well during the procedure, and that staff had continually checked whether they felt any pain. We saw, during a procedure, the team checked with the patient to ensure that pain was well controlled and the correct level of anaesthetic was used. We saw a prompt response to any pain.

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

## Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations. Patients had 'before' and 'after' photographs taken to monitor the outcome of the procedure. The patient was asked for their expectations throughout the pathway. The patient had post procedure follow up for a year to assess the outcome. All follow up appointments and the effectiveness of the procedures were recorded in the patient records. The registered manager carried out all hair transplant procedures and oversaw the work of technicians to ensure consistency of results.

Outcomes for patients were positive, consistent and met expectations. The service carried out an annual hair transplant surgery audit which included patient outcomes. The audit from January 2021 to December 2021 included healing of the donor area and recipient site, infection, scarring and patient satisfaction. The service collected data during follow up at two weeks, six months and 12 months post procedure. Scarring and hair regrowth outcomes were 100% positive. 90.9% of patients had high or very high satisfaction with the procedure.

The service maintained close contact with patients and would identify and act on any poor outcomes. There was opportunity for any poor outcomes to be discussed in the team meetings and share learning.

Managers and staff used the results to improve patients' outcomes. Of 33 hair transplant procedures completed from January 2021 to December 2021, three patients reported low or medium patient satisfaction. The hair transplant surgery audit showed this feedback was reviewed and the service made a change to the punch size used during procedures to maximise hair growth potential.

# Surgery

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager was the doctor who carried out the hair transplant procedures at the service. The doctor was general medical council (GMC) registered. The doctor worked in the NHS which involved mandatory training, appraisal and revalidation. The doctor maintained continuous professional development (CPD) and attended conferences to update their knowledge and skills. The doctor was also a member of Follicular Unit Extraction (FUE) Europe, a group where information and research can be shared among professionals.

The technicians who supported the doctor with hair transplant procedures had completed training specific to their role and had all worked in the field for a minimum of five years. The registered manager observed their work and assessed their competency. The service had a competency checklist for the technicians, this included their knowledge, communication skills, environmental factors and skills specific to hair transplant procedures.

Managers gave all new staff a full induction tailored to their role before they started work. All new members of staff were required to complete an induction checklist prior to commencing employment with the company. This included orientation within the clinic, information about the organisation, health and safety checks and work duties specific to the role.

Managers supported staff to develop through yearly, constructive appraisals of their work. There was a process in place to ensure all members of staff had formal contact with management on a quarterly basis to review their development; this included appraisals. Staff told us that they had received appraisals.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings took place approximately every six weeks within the service. All staff were invited to the meetings including freelance staff. The meetings were documented and the minutes were available for staff who were unable to attend. We reviewed the last three months of meeting minutes and found there to be a good level of staff attendance.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they would be able to request additional training if they felt they needed it or developed an area of interest that was relevant to the service.

The service was in the process of migrating all their staff records to an electronic system. There were some inconsistencies in the storage of staff files and it was difficult to locate certain files. Following our inspection, the service provided evidence that staff files were up to date on their electronic system.

A member of staff had recently been employed before the service received their references from previous employers. This was not in line with the service's recruitment policy, which stated that reference checks were undertaken before a formal offer of employment was made. Following our inspection, the service provided evidence that the references had been obtained for the employee.

## Multidisciplinary working

**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 clinic 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 clinic manager was the point of contact for the patient and would discuss clinical questions or concerns with the doctor.

We saw the team worked well together and delivered care and treatment in a co-ordinated way. There were positive working relationships between all staff, and they told us they were all focused on providing the best care possible to patients. As the service was small, we were told the team communicated effectively. The team was briefed prior to treatment to discuss the plan for the procedure. Staff told us discussions included an overview of the planned procedure, medication likely to be needed and any potential risks.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. If the service had any concerns about a patient's mental health they would liaise with the patients GP or mental health team prior to agreeing to any treatment.

If the service was unable to fulfil a patient's request, they would do their best to refer them on to another provider.

## Seven-day services

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

The clinic was open from 9am to 8pm Monday to Wednesday, 8am to 8pm on Thursdays, 9am to 6pm on Fridays and 9am to 5pm on Saturdays. Hair transplant procedures were carried out three times a week. Occasionally, procedures took place on a Sunday to cater to the availability of patients.

All patients were given aftercare information post procedure, which included contact details for advice or support. Staff informed patients of any post treatment care and how to escalate any concerns in and out of hours. Patients could contact the service via the telephone, email, website or social media.

## Health promotion

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

The service had relevant information promoting healthy lifestyles. The service created blogs for their social media accounts which included advice on self-care, healthy diet and how to prevent hair breakage.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. This was evidenced in the patient records we reviewed. As part of the patient pathway, patients were advised on the importance of a healthy lifestyle to maintain healthy hair and reduce hair loss.

## 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.**



## Surgery

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood their responsibilities regarding consent. The doctor had consultations with the patients before they carried out any treatment and explained the expected outcomes and ensured the patient understood these and any potential risks before agreeing to go ahead with procedures. Detailed preoperative information was given to patients, which included managing expectations, risks and potential complications.

Staff clearly recorded consent in the patients' records. Patients who were booked for hair transplant procedures were given a two-week cooling off period before undergoing the procedure, in case they wanted to change their mind. This was in line with national guidance.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. There was an up-to-date consent policy for staff to follow. Staff could tell us how they would access relevant policies, and who they would contact for further advice or support.

### Are Surgery caring?

Good 

This was the first time we inspected this service. 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 and those close to them in a respectful and considerate way. We observed interactions between staff and patients and saw that they were respectful, friendly and considerate. Care was taken to ensure privacy throughout the treatment pathway.

Patients said staff treated them well and with kindness. The patient we spoke with confirmed that they had been treated well and that staff were professional and understanding. We reviewed feedback that was displayed on the service's website. Feedback was detailed and consistently positive, stating that staff made them feel at ease and communicated with them throughout the procedure.

Staff followed policy to keep patient care and treatment confidential. Patients told us and we observed that their privacy and dignity were protected at all times. All patients were escorted into consultation rooms to discuss treatments which prevented discussions in communal areas.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients told us they felt their procedure had been well planned and they were not rushed or pressurised into choosing to go ahead with treatment. Staff took time to explore the most appropriate individual options and were honest about expectations and outcomes.

# Surgery

We observed a hair transplant procedure during our inspection and saw all staff worked hard to ensure the patient's experience was comfortable and positive. Staff provided reassurance, information and support throughout their care.

## Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us that staff listened to their concerns and responded to their needs. Patients said they were made to feel safe and comfortable during the procedure.

Staff supported patients to maintain their privacy and dignity. We observed staff protecting the privacy and dignity of a patient prior to recommencement of the procedure. Staff closed the door to allow the patient time to prepare.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing. Staff described that hair loss can lead to depression, low self-esteem, and anxiety. The registered manager informed us that the hair transplant procedure had positive psychological effects on patients, and patients had increased self-confidence as a result. This was also demonstrated in the online patient feedback we reviewed.

Patients were supported at all times throughout the treatment pathway, and the support given to each patient was timely and tailored to their individual needs. The support continued after treatment as all patients were given details they could use to contact the service if they had any queries or concerns. The team could refer patients for mental health support if they had any concerns about their emotional wellbeing.

## Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us they had time to consider their treatment and that risks and benefits were clearly explained. The patient we spoke with stated they had not felt pressured to go ahead with treatment and that communication from the clinic had met their needs.

The clinic had a clear process to inform the patient of the treatment, expected outcomes, alternatives and the cost involved.

Staff talked with patients in a way they could understand, using communication aids where necessary. The patient feedback we reviewed consistently stated that staff communicated effectively with them. Staff told us they would access an electronic translation service to communicate effectively with patients if English was not their first language.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were encouraged to give feedback on their care. This could be done by leaving an online review, contacting the clinic via telephone or email.

## Are Surgery responsive?

# Surgery

Good 

This was the first time we inspected this service. 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 local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population. The service provided a wide range of treatments for patients to access that were not all within the scope of CQC registration and inspection methodology.

Facilities and premises met the needs of a range of people who used the service. The service was accessible to patients who used mobility aids, with an accessible entrance on one level and accessible bathroom facilities.

The service was open for all treatments Monday to Saturday. Hair transplant procedures took place three days a week, sometimes four days depending on patient availability. The clinic had carried out procedures on a Sunday in order to suit the needs of patients.

The service was flexible, provided informed choice and ensured continuity of care. Managers planned and delivered care in a way that reflected people's needs, and patients told us they had been given choices of appointment times to suit them.

Managers told us that aesthetic practice can be financially driven, however, the service's priority was to ensure they delivered a good standard of care that made a difference to patients. This was reinforced by patients who told us they did not feel pressured into booking a procedure.

## 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.**

All treatments were personalised, and staff took time to ensure that the patients' thoughts, considerations and wishes were taken into account. All patients had an individual treatment plan. We observed the doctor taking into account the patient's choice when marking and making slight adjustments to the site prior to the procedure.

We saw evidence that detailed discussions took place between the doctor and patients prior to them making any decisions; this included information about how the procedure would be performed, cost, and any potential risks or complications. Staff told us they would also explore the possibility of non-surgical options or not performing a procedure at all, if they felt this was more appropriate for the patient. Patients said they had been fully informed and supported at all stages of treatment.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed. Staff told us they would access an electronic translation service to communicate effectively with patients if English was not their first language.

# Surgery

Staff had access to communication aids to help patients become partners in their care and treatment. We saw evidence that procedures were clearly explained to patients, with diagrams used where appropriate.

## 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 and received treatment within agreed timeframes. Patients could make initial contact with the clinic via the website or telephone. They would be booked in for a pre-assessment discussion with the clinic manager to gather relevant information and assess whether the patient was suitable for the procedure.

The service had an inclusion and exclusion criteria for hair transplant procedures. This included the level of existing hair loss and whether the patient had any medical contraindications for surgery.

If a patient was deemed suitable, they were booked in for a consultation where a holistic review took place. Staff collected past medical history, medications, and expectations of the procedure. If a patient decided to book a procedure, the service ensured it was booked after a minimum of 14 days to allow a cooling off period. Patients would choose a date and time that suited them.

Managers and staff worked to make sure patients did not stay longer than they needed to. All procedures were completed as day cases. Staff told patients the time they should expect to be at the clinic in advance of the procedures.

## 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, and shared lessons learned with all staff.**

Patients knew how to complain or raise concerns. There were clear processes in place for feeding back to the service. Staff encouraged patients to provide feedback about their care. This could be done using a variety of methods including online, via telephone or text message. All feedback was monitored by the manager. We saw that the online reviews for hair transplant procedures were positive.

The service provided information about how to raise a concern in the patient information pack.

Staff understood the policy on complaints and knew how to handle them. Staff told us they were aware of the complaints process which was detailed in the relevant policy.

Managers investigated complaints and identified themes. Patients could complain verbally or in writing; verbal complaints received were often dealt with quickly and informally. There was a process in place for written complaints to receive a response within 24 hours of receipt and a full response within 28 days wherever possible.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The clinic received very few complaints and managers told us those received were dealt with quickly. We reviewed some negative feedback and the registered manager responded, gave an apology and recompensated the individual for the cost of their consultation as a gesture of good will.

# Surgery

Managers shared feedback from complaints with staff and learning was used to improve the service. The service held regular team meetings. We reviewed meeting minutes from January, March and April 2022. We found that complaints were a standing agenda item and saw an example of team discussion surrounding negative feedback. Learning was discussed and shared with the team.

Staff could give examples of how they used patient feedback to improve daily practice. Staff told us that the service implemented changes as a result of patient feedback. For example, the service ensured all follow up appointments were booked before the patient left the clinic.

## Are Surgery well-led?

Good 

This was the first time we inspected this service. 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.**

The service was led by the registered manager who was the doctor responsible for carrying out hair transplant procedures for the service. The registered manager had significant previous experience in their area of work, understood the priorities of the service and any issues that may affect it. There were defined lines of responsibility among the staff. All staff we spoke with were clear about their roles and responsibilities.

During our inspection, we saw managers were visible, supportive and had good working relationships with staff. They told us they encouraged an open culture and actively sought staff feedback and opinion. Managers held regular staff meetings in order to communicate and engage with staff regularly.

All staff spoke very highly of the registered manager and felt they were always approachable and actively involved in all aspects of the service. They told us they felt comfortable to approach the registered manager to seek support.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.**

The service had a mission statement for what it wanted to achieve which was based on “providing the best possible care and treatment, striving to make others feel better”. The mission statement was supported by four values; “1. We recognise and affirm the unique qualities of each person, 2. We treat others with compassion and kindness, 3. We act with honesty, integrity and fairness in the way we conduct ourselves, 4. We trust our colleagues as valuable members of our team and pledge to treat each other with loyalty, respect and dignity.”

The strategy to achieve the vision was for the service to gradually expand, potentially to recruit another surgeon which would support sustainability of the service, with scope to grow and open new sites in the future.

Staff were aware of the vision and worked to meet the requirements of the service.

# Surgery

## 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.**

All staff we spoke with told us they felt highly respected, supported and valued. Managers told us they were always happy for staff to discuss, challenge and raise ideas. Staff corroborated this and said they always felt comfortable discussing ideas and raising concerns; they felt confident any issues would be responded to positively and dealt with appropriately.

The service considered and promoted the safety and wellbeing of staff. There was a lone worker policy in place to support and guide staff if required. Welfare issues was a standing item on the team meeting agenda which gave staff the opportunity to share and discuss any issues. The registered manager arranged a number of team outings for the staff to promote teamwork and wellbeing.

## 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.**

Governance processes were achieved through regular team meetings. We saw that meeting minutes followed a set agenda which included significant events, complaints, compliments, Covid-19 update and an update regarding the three clinical areas provided by the service. The team meetings were open to all staff including freelance staff and they were well attended.

Performance was monitored through an audit programme which included clinical and non-clinical areas such as infection control audit and environmental audit. All audits had an action plan so that any discrepancies could be actioned and monitored. Audit outcomes assisted in driving improvement within the service and providing staff with feedback on performance.

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

## Management of risk, issues and performance

**Leaders 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.**

The service had a local risk assessment system in place. Risk assessments included environmental and infection control risks and were carried out on an annual basis or more frequently if required.

The service had a business continuity plan in place. This provided instruction and guidance for staff to manage and communicate unexpected events. For example, in the event of severe weather or a fire which could impact on the business being able to provide its usual service.

The service had a planned programme of clinical and internal audit. Audits were completed for infection prevention and control, medicines management, environmental audit and health and safety audits. All audits had an attached action plan to document any non-compliance and ensure action was taken to ensure future compliance.

# Surgery

At the time of our inspection, managers reported that there was no overall risk register for the service. Despite this, managers could describe risks to the service and the mitigations that were in place for those risks. Following our inspection, the service provided two comprehensive risk registers, one included clinical risks and the other included business continuity related risks. The risk registers included thorough consideration of risks to the service and the designated responsibilities of staff were clearly recorded. All risks were rated according to likelihood and impact, and actions to reduce risks were documented. Individual risks did not have a review date, both registers were to be reviewed annually or more frequently if required. This meant that there was limited evidence of regular ongoing review of risks to the service.

## 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.**

Staff had access to the organisation's computer systems and could access the latest guidance and communication about changes for the service. The service was in the process of moving to a new digital system at the time of our inspection. Some information was held electronically and some was held as a hard copy. Staff knew how and where to access various pieces of information. The new digital system added greater security to the management of information.

Information Governance and confidentiality were included as part of the staff induction training programme, which ensured that staff were aware of the requirements of managing patient's information and that information was managed in line with the General Data Protection Regulations (GDPR).

During the inspection, we observed that computers were locked when they were not in use to prevent unauthorised access to patient information.

Managers told us that patient outcomes were continuously monitored on an ongoing basis. Patient feedback was regularly reviewed and used to improve the service.

The service had a website and ensured all information was kept up to date. Information was available on the website relating to the clinic, staff and treatments offered as well as patient feedback to enable patients to complete their research about the service.

## Engagement

**Leaders actively encouraged engagement with patients and staff to plan and manage services.**

Staff were fully engaged with the service and staff continually looked at how they could improve experiences for patients. One example was a suggestion from a member of staff who noticed the chairs in the waiting area were low and may have been difficult for those with mobility issues to use. Managers told us that they made changes to the seating based on this feedback.

All members of staff were invited to attend and contribute to team meetings. Staff were able to feedback informally on a daily basis and formally during team meetings. Review of the team meeting minutes showed that staff participated actively in these meetings. Staff reported that they felt supported and were confident that any suggestions would be considered by managers.

# Surgery

The service encouraged patients to feedback about their care. Managers and staff were involved in reviewing patient feedback and staff gave examples of changes that were made following patient feedback. However, the service did not run a patient survey or formally collect or audit patient feedback.

## Learning, continuous improvement and innovation

### **All staff were committed to continually learning and improving services.**

There was a focus on continuous learning and improvement throughout the service with patient experience at the forefront. Learning was regularly shared in team meetings. The registered manager invested in equipment after attending a conference with the aim of providing better outcomes for patients.

The service invested in new technology to improve the security of information and improve some of the systems and processes used within the service, such as mandatory training.

The service had plans to create a 'client portal' to provide frequently asked questions to patients in video format. This information was already available in writing but would provide another accessible method for patients to learn about the service and understand more about potential treatment.

The service ran a programme of audits and the learning was used to make improvements to the service.