

Dr Zakar Rafiq

My Cosmetic Centre

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

We have not previously rated this service. We rated it as good.

- 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. They managed medicines well. 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, 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 procedures. They provided emotional support to patients.
- 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. 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

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Summary of this inspection

Background to My Cosmetic Centre

My Cosmetic Centre is operated by Dr Zakar Rafiq. The service provides day case surgical hair transplant procedures to private patients, both men and women, between the age of 18 and 65. All patients were referred from a partner organisation with whom they had a service level agreement and no bookings were made by patients directly with this service.

There are two methods of hair transplantation: follicular unit transplant and follicular unit extraction. The service provided follicular unit extraction. In follicular unit extraction, individual follicles are extracted and then implanted into small excisions in the patient's scalp. All procedures were undertaken using local anaesthesia.

The clinic is registered to provide the following regulated activities:

- Surgical Procedures

There has been a registered manager in post since the clinic opened. The registered manager was also the lead doctor working at the clinic and owned the clinic. The service employed twelve hair technicians, one additional doctor and a patient liaison officer.

How we carried out this inspection

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

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 

We have not previously rated safe at this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Compliance for all staff was 95%. The target for all mandatory training was 90%.

The mandatory training was comprehensive and met the needs of patients and staff. This training included basic life support, infection control, and privacy and safety. Staff told us the training was mostly delivered via e-learning but that some modules such as basic life support and moving and handling were face to face. Staff told us they received reminders when training was due for renewal.

Managers monitored mandatory training through a portal and alerted staff when they needed to update their training weekly.

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.

The registered manager was the safeguarding lead for the service and had completed level three safeguarding training. The hospital target for completion of safeguarding training was 95%. All staff received level two safeguarding training in adults and level 2 safeguarding training in children. Service data showed compliance was 95%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding policies and procedures were in place. These were available electronically for staff to refer to.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them.

Surgery

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. Patient areas had suitable furnishings which were visibly clean and well maintained.

The service generally performed well for cleanliness. The service audited general infection control principles and practices and hand hygiene quarterly. The data we saw showed scores above 95% in all infection prevention and control related audits.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). At the time of inspection, the service was compliant with all government COVID-19 guidance. All staff wore masks and patients were encouraged to do so.

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 suitable facilities to meet the needs of patients and their families.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment.

Staff disposed of clinical waste safely.

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 responded promptly to any sudden deterioration in a patient's health. Patients were visible and able to communicate with staff at all times while undergoing their procedure. We observed staff responding quickly to patients.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff told us what action they would take if a patient was at risk of deterioration. The doctors were Intermediate Life Support (ILS) trained and all hair technicians were basic life support (BLS) trained. In the case of emergency, assistance would be sought by telephoning 999.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff knew about and dealt with any specific risk issues.

Surgery

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.

The service had enough staff to keep patients safe. This included two doctors, one patient liaison and 12 hair technicians. Managers accurately calculated and reviewed the number of hair technicians needed for each shift in accordance with national guidance and there was always a doctor on site. The number of hair technicians matched the planned numbers. Staff told us that in the event they were short of a member of staff and a replacement was not available, patients would be re-booked to maintain a safe service.

The service had low vacancy rates, turnover rates and sickness rates. The service did not use bank or agency staff.

There was a formal induction process for all staff which we saw documented.

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.

Records were stored securely. The service used a password protected secure electronic system to maintain patient records. Paper records such as the safety questionnaire were scanned and uploaded to the system before being confidentially disposed of. All patient and clinical information were recorded on this system. We reviewed 10 patient records and found that all documentation was completed and correct.

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. There was a medication management policy. Antibiotics were prescribed in line with best practice. The service did not use any controlled drugs.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Staff completed medicines records accurately and kept them up-to-date. Allergies and medication given to patients were clearly documented in records.

Staff stored and managed all medicines and prescribing documents safely. All medicines in the medicine cupboard we checked were within date and stored appropriately, this included temperatures being monitored and checked regularly

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff were encouraged to report and record all incidents, and were able to give examples of types of incidents they would report. Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events.

Surgery

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Patients were now asked to provide pictures of the donor and receiving area from day two to enable earlier detection of infection following an incident of folliculitis.

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.

Are Surgery effective?

Good 

We have not previously rated effective at this service. We rated it 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. We reviewed policies, procedures and guidelines produced by the service and found they were in date and based on current legislation, national guidance and best practice.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Due to the nature of the service, patients needed to be able to cooperate with the scan and procedures were in place to encourage and support all patients to attend with a chaperone to provide comfort as required. Staff had specific training on dementia and mental health included as part of their mandatory training.

Nutrition and hydration

Staff gave patients food and drink when needed.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. The patient waiting area had an accessible vending machine that patients and families could use, and water was available freely. As the procedure could last over an extended period, patients were given comfort breaks to eat and drink.

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 using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients were advised to purchase paracetamol over the counter for post-operative pain relief. The advice was discussed pre-and post-operatively about what to do if discomfort became significant.

Surgery

Patient outcomes

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

The service measured outcomes on a visual basis, taking 'before' and 'after' pictures of patients, if they consented. This also enabled patients to see visual changes after procedures.

The patient liaison contacted patients regularly in the days following surgery, on days two and 14, for a verbal update on recovery and to request progress pictures for visual assessment by the clinician. This allowed for early identification of infections.

Patients were seen at six and 12 months after their procedure for a follow-up appointment to review their results. The service monitored clinical outcomes at each follow-up appointment by taking pictures of the surgical site. It was explained to patients that a minimum period of 12 months post-surgery was required for the full effect of treatment to become apparent.

Contact details of the lead doctor were given to patients along with instructions to contact the service at any time should any complications or questions arise. We saw evidence in all 10 records that follow-up appointments had been arranged for patients.

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. Managers gave all new staff a full induction tailored to their role before they started work. The service had a hair technician competency checklist that new radiographers worked through as part of their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Both doctors were registered GP's licensed with the General Medical Council (GMC), had a current appraisal, medical revalidation and had undertaken training relevant to their role. The registered manager was an associate member of the international society of hair restoration surgeons.

Multidisciplinary working

All 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. Staff told us they worked effectively across the multidisciplinary team with their colleagues.

In the patient records, we saw evidence that patients were asked whether they consented for their information to be shared with their GPs.

Surgery

Seven-day services

Key services were available to support timely patient care.

The service was provided Monday to Sunday from 8am to 6pm.

Health promotion

Staff gave patients practical support and advice around their procedure.

There was patient information about procedures available on the service's website and in information emailed to patients.

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.

Consent was obtained in line with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016) which states that consent should be gained by the doctor who will be delivering treatment 14 days prior to treatment, to ensure the patient has a cooling-off period to consider their decision to go ahead with the surgery. We saw evidence that cooling-off periods were routinely given prior to a patient consenting to a hair transplant procedure. Consent forms were complete and signed in all 10 patient records viewed on the day of inspection.

There was a written policy relating to the Mental Capacity Act (2005). All staff received specific training in relation to the Mental Capacity Act and Deprivation of Liberties awareness. Staff reported they had never had an incident of a patient lacking capacity to consent and this was unlikely due to the nature of the service.

Are Surgery caring?

We have not previously rated caring at this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. One of the changes the service had made to enable anxious or nervous patients was the use of needle free anaesthesia which had been introduced for patients who suffer anxiety around needles.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgemental attitude when caring for or discussing patients including those with additional needs.

Surgery

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. Staff knew the patients seen at the service were often anxious and understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed staff demonstrating a calm, reassuring approach when communicating with patients.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. This included taking into account information about an individual provided at the time of booking, access to translation services and individual changing rooms.

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 diagnostic procedure. Staff supported patients to make informed decisions about their care.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. This included access to language interpreters.

Doctors were aware of body dysmorphia and its symptoms and could evidence action they had taken around this in the pre-procedure checklist. We have not previously rated caring at this service. We rated it as good.

Are Surgery responsive?

Good 

We have not previously rated responsive at this service. We rated it as good.

Meeting people's individual needs

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

Patients were referred by a co-located company with whom they had completed a contract that clearly stated what course of treatment they had chosen and the cost. We saw that terms and conditions were clearly recorded and the person receiving the treatment was required to sign this contract prior to surgery. The clinic was paid by the referring company and did not take payments directly from patients for surgery.

The clinic was wheelchair accessible for patients. The service had information leaflets available in languages spoken by the patients and local community. Patients were given a choice of food and drink to meet their cultural and religious preferences.

Surgery

Access and flow

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

The referring organisation had access to available booking slots within the clinic and booked patients in directly. These were two weeks from the initial consultation in line with national guidelines on cosmetic surgery but within one month. Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Managers and staff started planning each patient's discharge as early as possible. Managers and staff worked to make sure patients did not stay longer than they needed to.

Managers worked to keep the number of cancelled procedures to a minimum. When patients had their procedure cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

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. The service had a system for referring unresolved complaints for independent review.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to provide feedback in patient areas and all patients were given the opportunity to do so. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Are Surgery well-led?

We have not previously rated well-led at this service. We rated it 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 had a registered manager who was also the CQC nominated individual, lead clinician and safeguarding lead. The registered manager was onsite Monday to Thursday whilst another doctor was on site Friday to Sunday.

Staff we spoke with told us that the leadership team were approachable and visible with frequent walk-arounds and an open door policy.

All staff we spoke with told us they felt supported and listened to by their line manager. Staff told us they felt valued and spoke positively about the leadership. Staff felt encouraged to challenge leaders where appropriate.

Surgery

Vision and Strategy

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply them and monitor progress.

Service leaders had a clear vision that sought to expand the service and allow more patients to be seen by expanding into areas such as eyebrow and beard transplants. Progress against goals were discussed regularly in meetings at the leadership level.

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.

We found an inclusive working environment within the department. Staff we spoke with described the culture as 'patient orientated', and 'rewarding' with many referring to the anxious patients they successfully helped as an important highlight of their job. We found highly dedicated staff who were positive, knowledgeable and passionate about their work.

Staff we spoke with told us they felt cared for, respected and listened to by their peers and managers. Staff told us they felt able to challenge unsafe practice and report them to the manager. Staff told us they received debriefs where necessary, although staff said they rarely had difficult encounters with patients.

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.

We saw that policies were in place for key governance areas such as incident and risk management, safeguarding and management of complaints. Clinical governance meetings were held monthly to discuss policies, audits, equipment or patient feedback. We saw meeting minutes and found them to be thorough.

Team meetings were held monthly. We saw meeting minutes previous meetings and saw that patient feedback and learning from incidents were shared with staff.

An audit programme was in place to monitor the quality of services being provided. The audit plan included infection prevention and control audits, and clinical waste audits.

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.

The service had a risk register. Risks had mitigations in place and plans to address them. These were reviewed and updated regularly in line with the services risk management policy.

We spoke with the registered manager who had knowledge and oversight of the services main risks and understood the challenge of risks in terms of quality, improvements and performance. These correlated to the risks we identified during the course of our inspection.

The service had a fire risk assessment, fire risk evacuation procedure, fire extinguishers and smoke detectors. All staff had completed mandatory fire safety training.

Surgery

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.

The patient liaison officer recorded outcomes for patients including photographic evidence of recovery. Staff had digital access to policies and received feedback from audits on performance.

Staff had completed mandatory training on information governance and cyber security.

Staff reported there were sufficient numbers of computers in the service and spoke highly of the electronic record system being used and the booking system.

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.

Staff had regular engagement with managers at meetings, via email, and through daily interactions. Managers were involved in the day-to-day running of the service.

Staff surveys were completed at the service and included all staff. The most recent staff survey showed that all staff felt supported by leaders.

The service encouraged patients to feedback regularly through the patient liaison and we saw positive examples of feedback as well as negative feedback the registered manager had responded appropriately to.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had implemented systems and processes in response to patient feedback including needle free anaesthesia.

The service had employed a patient liaison officer to provide a single point of contact for patients throughout the patient journey.