Hair Science United Kingdom Limited

Hair Science Institute

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

We have not previously rated this service We rated it as inadequate because:

1. Staff did not assess risks to patients, act on them or keep good care records. They did not manage medicines well. Staff did not have DBS checks and were not trained appropriately in safeguarding adults and children. Or have systems in place protect patients from abuse.
2. Staff did not record when pain relief was needed. Consent was not always documented appropriately, and managers did not monitor the effectiveness of the service or support patients to make decisions about their care
3. Governance and risk management systems did not operate effectively. did not run services using reliable information systems. The service did not engage with patients and the community to plan and manage services.

However:

1. The service had enough staff to care for patients and keep them safe. Staff had training in key skills, and managed safety well. The service-controlled infection risk well.
2. Staff provided good care and treatment, gave patients enough to eat and drink. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, and had access to good information. Key services were available seven days a week.
3. 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.
4. 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.
5. Staff were supported 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 and all staff were committed to improving services continually.
6.

We are placing the service into special measures.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inadequate 	We have not previously rated this service We rated it as inadequate. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Hair Science Institute

The Hair Science Institute offers hair stem cell transplantation (HST) which is a hair loss treatment that specifically focuses on partial transplantation of the hair follicle. A sample of hair follicles are obtained, the sample is then reproduced and implanted in the areas with hair loss. This technique is carried out using local anaesthetic. Patients undergoing treatment at The Hair Science Institute are solely private patients, no NHS agreements are in place. Both male and female patients are treated however most patients are male and all are adults. The service does not offer treatment to children and young people under the age of 18.

The service has been registered to carry out the regulated activity surgical procedures since June 2016. There has been a registered manager in place since this time. this was the first inspection of the service since it was registered and therefore this will be the first rating for the service.

During this inspection we found that the service was not in compliance with four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulatory action requiring the service to address these breaches of the regulations was issued to the service.

How we carried out this inspection

We carried out a comprehensive unannounced inspection of the service on the 8 June 2022. During this inspection we reviewed various records related to the running of the service, spoke to four members of staff including the registered manager and four patients to understand their experience of care. We reviewed seven patient records and four staff records including recruitment and training records.

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 MUST take to improve:

- The service must ensure that service users are protected from abuse and improper treatment in accordance with the regulation including pre employment checks as set out in national requirements. Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 13(1)
- The service must ensure that staff receive safeguarding training in line with statutory requirements for adults and children. Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 13(2)
- The service must do all that is reasonably practicable to mitigate risks including control measures to make risk as low as reasonable possible. Including the monitoring of equipment, recording of documentation and management of medicines. Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 12(2)(a)(d)(e)

Summary of this inspection

- The service must ensure it is obtaining consent in line with current legislation and guidance. Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 11(1)
- The service must ensure patient records are created, amended, stored and destroyed in line with current legislation and nationally recognised guidance. Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 17(2)(c)
- The service must ensure the proper and safe management of medicines. Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Regulation 12(2)(g)

Action the service SHOULD take to improve:

- The service should ensure that staff are kept up to date with changes to national and local safeguarding arrangements including ensuring that policies, procedures and guidelines are up to date. (Regulation 12)
- The service should have systems and processes such as regular audits risks of the service provided and must assess, monitor and improve the quality and safety of the service. These should be baselined against Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and should, where possible, include the experiences people who use the service. (Regulation 17)
- The service should ensure they have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service. (Regulation 17)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inadequate	Requires Improvement	Good	Good	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Good	Good	Inadequate	Inadequate

Inadequate

Surgery

Safe	Inadequate
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Inadequate

Are Surgery safe?

Inadequate

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

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. We reviewed the mandatory training compliance of all staff at the location including medical staff and hair technicians and found of the four members of staff, 75% had completed training such as cardiopulmonary resuscitation, health and safety in the workplace, fire safety and equality and diversity. The remaining member of staff was a new recruit and demonstrated they were working towards compliance with mandatory training. This was in line skills for health and Health Education England core skills training. Mental capacity act training was also undertaken by staff every three years.

An international co-ordinator monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff did not understand how to protect patients from abuse and the service did not work with other agencies to do so. Staff did not have training on how to recognise and report abuse.

Leaders were unable to produce information to demonstrate staff had completed the appropriate safeguarding training for both adults and children which is a requirement for all health care workers regardless of whether the services cares for children or not. This meant leaders could not be assured that staff would recognise and appropriately respond to people at risk of harm and abuse.

A safeguarding policy was in place within the service however, it was outside of the 2021 review date listed within the policy and the named designated lead for safeguarding listed within the policy was no longer employed by the service. This meant the most up to date information and changes to national guidance may not have been captured within the policy and staff would not be clear who to approach for support and guidance. The registered manager was now the designated safeguarding lead however they had last completed any safeguarding level two training in 2016 which was not the correct level for a designated safeguarding lead.

Inadequate

Surgery

The service did not meet Schedule 3 requirements of the Health and Social Care Act 2008 in place to support safety in recruitment. For example, three personnel files of recently recruited staff were reviewed, and no pre-employment Disclosure and Barring Service checks or references could be provided. The registered manager told us they had telephoned previous employers of the applicants however no record of the telephone calls was provided. These checks are especially important to promote safety in recruitment and to ensure that unsuitable people are not employed in positions that have contact with vulnerable people such as children and patients.

Staff could access a safeguarding referral form electronically and had access to the safeguarding policy in written form within the office. Staff told us that they would refer any information of concern to the registered manager.

Cleanliness, infection control and hygiene

The service controlled infection risks well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Non-disposable items such as forceps were decontaminated and sterilised internally within the service. After this, items were stamped with the date they were sterilised and were then sterile for a three-month period. The service did not outsource any decontamination of instruments, staff undertaking the decontamination process had undertaken training to do so this including learning about the theory and being signed off as competent after performing the task eight times under supervision.

All areas of the service were visibly clean and had suitable furnishing which were clean and well-maintained. A weekly cleaning schedule was completed by staff.

We saw staff follow infection control principles including the use of personal protective equipment (PPE).

Staff washed their hands before and after providing care using the World Health Organisation five moments for hand hygiene. We observed staff followed ‘bare below the elbows’ guidance. This was in line with the National Institute for Health and Care Excellence quality statement three which requires that "People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care" and meant that staff were less likely to prevent and control the spread of infections.

A housekeeping and equipment document were in place within the service, within this were risk assessments for control of substances hazardous to health (COSHH), prevention of occupational exposure, waste management and infection control.

Environment and equipment

The maintenance of equipment did not keep people safe. Staff were trained to use equipment and managed clinical waste well.

Staff did not carry out daily safety checks on specialist equipment such as oxygen cylinders and automated defibrillators. The registered manager told us that an annual check of the oxygen cylinder which the service kept for emergency situations was made and that regular checks of the automated defibrillator were not undertaken or recorded. This was not in line with the Resus Council UK Quality Standard: Acute care equipment and drug lists which states that, a reliable system of equipment checks, and replacement must be in place to ensure that equipment and drugs are always available for use in a cardiac arrest.

Inadequate

Surgery

A bag and valve mask which would be used to administer oxygen to a patient in an emergency was not kept in sealed packaging and was missing tubing which would connect it to the oxygen cylinder. This meant that in an emergency the equipment could not be used appropriately, and there may be a delay in the service starting basic life support. Further, the lack of secure sterile packaging may pose an infection risk.

The service disposed of clinical waste safely and a waste management procedure formed part of a housekeeping and equipment document.

The manager felt the service had outgrown its environment and was in the process of moving to a different location. This move was anticipated to be undertaken around September 2022.

Assessing and responding to patient risk

Staff did not complete and update risk assessments for each patient or take action to remove or minimise risks. Staff did not identify and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

The service had a nationally recognised tool NEWS2 to identify deteriorating patients but did not use them appropriately. Six records were checked and all six did not have post treatment observations recorded despite this being listed on the patient records as a requirement and being a requirement of the national patient safety agency Recognising and responding appropriately to early signs of deterioration in hospitalised patients.

Guidelines for anaphylaxis (a life-threatening allergic reaction) displayed on the treatment room wall and inside the medical emergency and resuscitation policy were out of date. The policy itself had a review due date of 2020. This was a concern because anaphylaxis guidelines were amended in May 2021 by the Resuscitation Council UK to strengthen the rapid recognition of anaphylaxis and therefore the administration of adrenaline to prevent further deterioration to the patient.

At the time of the inspection leaders could not tell inspectors where the anaphylaxis box was. The box was stored in a cupboard in the staff room, not clearly labelled and containing medication used for other conditions such as nitro-glycerine (GTN spray) and aspirin for treating people experiencing cardiac chest pain. This meant that in an intense and unpredictable emergency staff may administer the wrong medication or may not find the box at all, having an impact upon the quality of care and the clinical outcome. The service did not undertake human factor training which may have highlighted the effects of "teamwork, tasks, equipment, workspace and culture on human behaviour and abilities in a clinical setting". NHS England Human Factors in Healthcare, A concordat from the National Quality Board.

The service told patients of where to seek help and support in the event of any complications. The telephone number was international and within office hours only. Staff signposted patients to their general practitioner and local services in the event of any complications outside of these times.

A doctor was always on site when patients were at the service.

Staffing

The service had enough allied health professionals with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Inadequate

Surgery

The service had enough hair technicians, medics and support staff to keep patients safe. The service only operated when staff were available.

The two medical staff operating at the service were registered with the General Medical Council and no practicing privilege agreements were in place at the service.

Bank and agency staff were not used within the service. Turnover was low, as were sickness rates. Managers told us that patient appointments were only scheduled when there were the correct number of staff, if a short notice absence occurred then the patient appointment would be rearranged. An example of COVID-19 was given of where an appointment was rescheduled.

Records

Records were not stored securely. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Records were not stored securely. Many paper records dating back to 2019 were kept in an unsecure cupboard next to the reception desk. This was not in line with the records management code of practice for health and social care and meant that any person inside the building could access confidential patient information.

Patient notes were comprehensive, and all staff could access them easily. Six records were reviewed, all were legible, signed and dated. Records were handwritten and then uploaded electronically following treatment.

Medicines

The service did not use systems and processes to safely administer, record and store medicines.

Staff did not store and managed all medicines safely. Fluids were not kept in a locked cupboard meaning they could be easily accessed and tampered with. The drug cupboard key was kept in an unlocked cupboard in the unsecure staff area and some medicine was out of date. Medicine used post operatively had expired in March 2022. This meant the service did not have effective systems and processes in place to review and manage medicine sufficiently and there was a risk that people may come to harm because of poor medicine management.

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.

Staff knew what incidents to report and how to report them, they had completed duty of candour training and could give examples of being open and offering an explanation to patients if things went wrong.

No incidents, serious incidents or never events had occurred in the last twelve months.

Managers were able to give of examples of how they would provide feedback and lessons learnt with staff if an incident occurred.

Inadequate

Surgery

The registered manager understood duty of candour. 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. Staff had not received specific training on duty of candour but all staff we spoke with were aware of the term and the principle behind the regulation.

Are Surgery effective?

Requires Improvement

We have not previously rated this service We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service met cosmetic surgery standards published by the Royal College of Surgeons.

The service did not participate in national clinical audits. This was because there were not national audits, they could submit data to and benchmark against.

Staff recorded and monitored a year end evaluation report which included patient code, medical doctor and short-term actions. However, it was not clear how the results were used to ensure/improve patient safety.

Staff had access to local rules for hair stem cell transplantation technicians. Local rules summarised the key working instructions and provided guidance for staff regarding transection rates, distribution of transplant and patient positioning. They were current and were last reviewed in January 2022 and were based on current evidence-based practice of Professional Standards for Cosmetic Surgery.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary requirements.

Patients were not required to fast prior to their treatment. Lunch and refreshments were provided by the service. Patients could select from a range of foods which could be tailored to meet cultural and religious requirements**.**

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way but failed to document levels of pain. Processes did not support those unable to communicate using suitable assessment tools.

During the inspection we saw that staff monitored the amount of pain patients were feeling during their treatment however, they did not make a record of this within the patient records. None of the six records checked had a pain score or information about the level of pain recorded. This was not in line with the Royal College of Anaesthetists Core Standards.

Staff had not received training on the assessment and recording. Meaning the service could not be assured that staff were monitoring levels of pain accurately and that they were able to establish levels of pain in patients who were unable to communicate verbally.

Inadequate

Surgery

Patient outcomes

Staff did not effectively monitor outcomes of care and treatment to use the findings to make improvements and achieve good outcomes for patients.

Managers and staff did not carry out a comprehensive programme of repeated audits to check improvement over time. An audit report dated January 2019 had a traffic light red, amber and green system of monitoring. It was not clear what the audits had looked and what the actions were. For example, the clinical management part of the audit listed staff room, management process, human resource management evaluation and deviation management but no further details. This meant that patient outcomes could not effectively be monitored to improve care and treatment.

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.

Managers gave new staff a full induction tailored to their role. There was a competence framework for both hair technicians and doctors to complete as part of their induction. The competency framework included a training plan for different competencies to be completed each month for the induction. Doctors were supernumerary for the first six to eight months whilst hair technicians the first month. This could be flexed to meet their individual needs.

No recognised training or accredited qualification was in operation for hair transplant services in the UK however, practitioners could submit evidence to become eligible to register with the Joint Council of Cosmetic Practitioners (JCCP)

At the time of the inspection staff had been working in the service without having a disclosure barring check undertaken. At the time of the inspection checks had been requested for all members of staff and the service was waiting for the return of information however, some members of staff had been working in the service since 2019.

Appraisals and revalidations were managed by an external company. All staff had undertaken an appraisal within the last twelve months including medical appraisals - September 2021 and April 2022. Both doctors were registered and listed on the General Medical Council register meaning they were licenced to practice.

Multidisciplinary working

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

There were regular meetings between administrative staff, hair technicians and managers to plan patient appointment and treatment lists.

Hair technicians had a dedicated senior mentor to help develop their skills.

Seven-day services

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

The service operated its service based on demand although not open seven days each week, treatment, consultations and follow up calls could be facilitated seven days a week to suit the patient.

Health promotion

Staff gave patients practical support.

Inadequate

Surgery

An after care follow up call and advice leaflet were given to patient at the end of the treatment which included a specialist regime follow to get the best results from the hair transplantation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not follow national guidance in supporting patients to make informed decisions about their care and treatment. They ensured that patients were given a cooling off period of at least 14 days between stages.

Consent was gained from patients to take photographs of their hair however, consent to treatment was inconsistently recorded. On review of six care records, two out of six did not have a patient signature on the consent to treatment form. A further two had no doctors signature. This was not in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11: Need for Consent and meant the service had no assurance that consent had appropriately been obtained.

Staff told us that that if there was any doubt around a patient's capacity to consent then the treatment would not take place.

Three face to face consultations were observed during the inspection and in each case the expected outcomes and risks were explained to the patient.

A cooling off period of two weeks was observed by the service in line with Royal College of Surgeons Professional Standards for Cosmetic Surgery. This was observed in all six records reviewed during inspection.

Are Surgery caring?

Good

We have not rated this service before. 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. We observed staff treat patients well and with kindness.

Staff understood and respected the individual needs of each patient taking time to understand why the patient had sought treatment and what their expectations were.

Staff made sure that people using the service understood the roles of healthcare professionals involved in their care and how to contact them about their ongoing healthcare needs.

Emotional support

Staff provided emotional support to patients understanding their personal, cultural and religious needs.

Inadequate

Surgery

Staff gave patients, emotional support and advice when they needed it, for example, one patient who was not suitable for treatment was cared for with empathy and reassurance. Staff understood the impact on patients that were unsuitable for treatment as well as the far-reaching impact hair loss could have upon the lives of sufferers.

Staff could tell us how they would support patients who became distressed in an open environment and help them maintain their privacy and dignity.

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 understood their care and treatment. They gave patients the opportunity to ask questions about their care and treatment. We observed staff clearly explaining things to patients to make sure they understood what was happening this included what the procedure included, the number of grafts of required and the possibility of the need for follow up treatment.

Staff talked with patients in a way they could understand and tailored the discussion to each individual's situation.

Patients could give feedback on the service; signs were displayed at the reception area of how. However, this information was not collated to identify themes and trends, inform service provision or improve patient care.

Fees for the service were clearly explained to patients verbally and in writing on a patient contract.

Are Surgery responsive?

Good

We have not previously rated 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.

After care follow up calls and what to expect leaflets were given to patients at the end of their treatment. This included a contact number and email address if the patient had any questions or concerns.

The service had a public website which had information about the treatment in line with the International Society of Hair Restoration Surgery (ISHRS) and the Advertising Standards Authority. One patient commented that the website largely featured males however following the inspection this appeared to have been amended.

The service had a hearing loop system for patients, visitors and staff with hearing loss. A hearing loop is a special type of sound system for use by people with hearing aids. Interpreters were available via a telephone system if required.

Information leaflets were available to print in multiple languages spoken by the patients and community and staff had access to a telephone translation service.

Inadequate

Surgery

The service had a chaperone policy in place which meant that patients and staff could feel comfortable during their treatments.

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. We observed this take place during inspection and spoke to three patients who told us they were able to access the service when they needed to.

Managers worked to keep the number of cancelled appointments and treatments to a minimum. During May 2022 six procedures were undertaken and no procedures had been cancelled by the service.

The service monitored when patients had not attended on an individual basis. Staff contacted the patient to rearrange the appointment in line with their wishes. This information was discussed at the weekly meeting to discuss scheduling.

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, contact details were provided following treatment of each patient, the website had a dedicated contact section and information about how to raise a concern was clearly displayed in patient areas. No complaints had been received by the service in the last 12 months.

The service had a complaints policy however this was due for review in 2021.

Are Surgery well-led?

Inadequate

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

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. They did not always understand or manage the priorities and issues the service faced.

Leaders within the service had the clinical skills, knowledge and experience. They made sure that employees were given adequate time and support to be clinically trained and educated appropriately however, leaders did not have general oversight of non-clinical issues such as safeguarding requirements, pre employment checks and policy reviews. In order to overcome this the service had developed a company structure which included a newly appointed international

co-ordinator. This role was created in late 2021 to strengthen oversight and compliance within the service. Despite this there were a number of issues identified at the time of the inspection. Staff told us the international co-ordinator was easily contactable despite their base in the Netherlands and the registered manager attended the clinic every other week meaning leaders were visible and approachable to staff.

Leaders had identified the need for succession planning and put into place a plan to develop a member of staff to lead the location.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The service had a vision for what it wanted to achieve and a strategy to turn it into action. This included moving to a larger building and increasing the workforce which would better suit the requirements and growing demand for the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff spoke highly of leaders, they felt support, respected and valued.

We saw cooperative and supportive working during the inspection and heard how staff work collaboratively. An example of this was the scheduling of patient consultations and treatment around the tight working schedule of the registered manager who worked internationally. We saw that staff spoke frequently to one another to manage the schedule and diary.

Staff told us that the service had providing language classes to support language and communication development and also offered them a weekly massage to prevent injury from the leaning over positioning they took whilst undertaking treatments.

Staff felt able to raise concerns and although they had not done so felt confident, they would be listened to and taken seriously.

We observed staff signposting patients to other services and the service ensured that people using the service were provided with a statement that includes terms and conditions of the services being provided and the amount and method of payment of fees. This was evident in all six records checked

Governance

Leaders did not operate effective governance processes, throughout the service. Regular opportunities to meet, discuss and learn from the performance of the service were not recorded. Staff at all levels were clear about their roles and accountabilities.

Governance responsibilities were shared between the registered manager and the international co-ordinator. However, we found there was limited oversight and assurance due to a lack of scrutiny of the services provided. For example, there was limited awareness of record management, no governance meeting minutes were provided, medicines and policies were out of date. Cleaning schedules were completed weekly but no record of monitoring was kept and minutes were not

kept of monthly governance meetings. Managers told us that positive outcomes, complaints and incidents would be discussed. This meant that that systems and processes in place did not operate effectively to ensure compliance with all the fundamental standards of the Health and Social Care Act. Regulation 17 requires that "such systems must enable the registered person in particular to assess, monitor and improve the quality and safety of the services provided in carrying on of the regulated activity including the quality of the experience of service users in receiving those services.

The service did not have service level agreements and did not work with NHS trusts at the time of inspection

Management of risk, issues and performance

Leaders and teams did not use systems to manage performance effectively. They had not identified and escalated relevant risks and issues or identified actions to reduce their impact

The service was unable to produce a risk register at the time of inspection, a risk management policy was schedule for review in 2020 and stated that a risk register was in place. Managers did not articulate the top risks to the service meaning comprehensive assurance systems around managing risk, issues and performance were not in place.

The service did not have a systematic programme of clinical and internal audit in place at the inspection. An audit report was produced however was dated 2019. Therefore the service was not effectively monitoring quality and operational performance.

Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Patient records were kept insecurely in an unlocked cupboard next to the main reception area. The records dated back to 2019 and were easily accessible to people inside the building. This was a concern because this was not in line with the general data protection regulation (GDPR).

Staff could access electronic systems easily.

Engagement

Leaders and staff actively and openly engaged with staff to plan and manage services. There was no collaboration with partner organisations to help improve services for patients.

No formal engagement was undertaken with the public at the time of our inspection. Managers had regular meetings with staff to plan and manage service including a bimonthly scheduling meeting.

Learning, continuous improvement and innovation

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

The service was striving for continuous learning, improvement and innovation. There was a dedicated research facility at one of the international locations which worked to improve hair transplantation knowledge and technology used within this location. The service had recognised the challenges it had encountered with interpreting standards and regulations across its international locations. To support this, the service had been working collaboratively with a dedicated

compliance company and had created the role of international co-ordinator. Following the inspection the service had created several new policies and procedures including an information governance policy which set out the storage of confidential patient records and a detailed consent form which clearly set out the procedure, risks and limitations and alternatives to hair stem cell transplantation treatment. There was also clear information about a cooling off period.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Consent was not obtained in line with current legislation and guidance.

Regulated activity	Regulation
Surgical procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Statuatory pre-employment checks had not been undertaken and safeguarding training was not in line with the national standard.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not monitoring equipment, recording documentation appropriately or management medicines in line with national guidance.

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not ensure patient records were created, amended, stored and destroyed in line with current legislation and nationally recognised guidance.