

Pro-Med Surgical Limited

# Gro Clinics

## Inspection report

Blackfriars House, 3rd Floor, Suite 3c  
Parsonage  
Manchester  
M3 2JA  
Tel: 01618393769  
groclinics.co.uk

Date of inspection visit: 16 November 2021  
Date of publication: 26/01/2022

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

Gro Clinics Manchester is operated by Pro-Med Surgical Limited. The service is based in Manchester city centre and provides hair transplant cosmetic surgery and platelet-rich plasma hair restoration therapy for private fee-paying adults.

The premises used to deliver the service is a leased office suite within Blackfriars House, Manchester. The building's management company leases office space to several businesses and provides a communal café, library and meeting spaces. Gro Clinics is in suite 3C on the third floor of the building which can be accessed by the lift or stairs.

The clinic facilities are spread over six rooms, which include a reception and office area, a bathroom, a treatment room, an office, a consultation room and one room that contains a large sink area as well as a backwash sink unit that is used to shave and wash patients' hair before procedures. The service has plans in place to lease additional office and storage space in the building.

We rated this location as inadequate because:

- Some staff had not had training in key skills including safeguarding.
- The service did not control infection risk well.
- The service did not fully assess risks to patients and record how these would be acted on.
- The service did not manage safety incidents well and learn lessons from them.
- The service did not manage medicines well.
- Managers did not have clear processes to monitor the safety and effectiveness of the service and make sure staff were competent.
- The service did not have some of the local policies, procedures and audits expected to support governance, ensure compliance with legislation and to support staff to do their roles safely.
- The service did not have a clear process for granting practising privileges to the doctors who perform the hair transplant procedures and managers did not know what qualifications, training and skills they had.
- The service did not have important recruitment documents for all staff or a list of mandatory training for each role.
- Managers did not know if the provider had a vision and values for the service.

However, we also found the following areas of good practice:

- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs and preferences.
- Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- The service provided patients with good aftercare information.
- The service planned care to meet the needs of patients. Patients had appointments at the time they wanted them, and they were able to get advice when they needed it.
- Staff provided emotional support to patients if they needed it.

Following our inspection, we issued the provider with section 29 Warning Notices for Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Good governance.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inadequate 	We rated this service inadequate. See the summary above for details.

# Summary of findings

## Contents

### Summary of this inspection

Background to Gro Clinics

Page

5

Information about Gro Clinics

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

---

# Summary of this inspection

## Background to Gro Clinics

Gro Clinics Manchester is operated by Pro-Med Surgical Limited. The service was first registered with us as DHI Manchester in 2015. The service ceased contracting with DHI Global in November 2019.

Between November 2019 and throughout the first waves of the coronavirus pandemic, the service only provided initial and follow up consultations to patients. Earlier this year the operating company, Pro-Med Surgical Limited, was sold to a hair loss treatment group, based in Australia, called Gro. The service became known to us as Gro Clinics Manchester in August 2021. The service has not been inspected since it was first registered with us in 2015. The service has been monitored through our engagement and transitional monitoring approach.

The service provides hair transplant cosmetic surgery and platelet-rich plasma hair restoration therapy for private fee-paying adults and is registered to provide surgical procedures and the treatment of disease, disorder or injury.

The service uses the follicular unit excision method of hair transplant cosmetic surgery. In follicular unit excision, individual hair follicles are extracted and then implanted into small incisions in the patient's scalp. We do not regulate or inspect cosmetic procedures that do not involve cutting or inserting instruments or equipment into the body. The service provides platelet-rich plasma hair restoration therapy as a stand-alone treatment or alongside hair transplant procedures. The therapy involves extracting plasma from the patient's blood and injecting it into the scalp to promote hair growth.

There is currently no mandatory accredited qualification for hair transplant surgery in the United Kingdom. However, the surgical steps of the procedure should only be performed by a General Medical Council licenced doctor.

The service employs a small team of staff made up of a registered manager, a hair transplant technician and a hair growth specialist. The registered manager has been in post since 28 October 2021. The service has two doctors who attend the service to perform the surgical steps of the hair transplant procedures.

We have not previously inspected Gro Clinics Manchester.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 16 November 2021.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

During our inspection we interviewed all three staff who were based at the service, including the registered manager. We spoke to one patient who attended the service on the day of inspection, and we spoke to four other patients on the telephone. We also looked at five patient 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>.

# Summary of this 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 they have assessment and processes in place to ensure that all equipment used meets the requirements of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and any other relevant guidance to reduce the risk to patients from infection (Regulation 12(2)(h)).
- The service must ensure that clinical waste and cleaning equipment are stored appropriately and that rooms are not used for both clean and dirty procedures to reduce the risk to patients from infection (Regulation 12(2)(h)).
- The service must be assured that treatment rooms and equipment have been cleaned before surgical procedures to reduce the risk to patients from infection (Regulation 12(2)(h)).
- The service must ensure that medicines are prescribed, administered, recorded and stored safely to reduce the risk to patients that they receive inadequate medication (Regulation 12(2)(g)).
- The service must ensure that appropriate policies, systems and processes are in place to govern the service, support staff to do their roles safely and manage the risks to patients (Regulation 17(2)(a)(b)).
- The service must ensure that there is a system that staff, and managers use to identify, report, investigate and learn from incidents so that improvements to the service can be made and the risk to patients is reduced (Regulation 17(2)(a)(b)).
- The service must ensure that robust recruitment processes are in place for granting practising privileges and ensuring that all staff undergo an up to date disclosure and barring service check and that they are qualified and competent to perform their role (Regulation 17(2)(d)).

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

- Ensure that staff complete training in key areas, including safeguarding, to a level appropriate for their role (Regulation 12(2)(c)).
- Ensure that staff receive an induction, supervision and appraisal to support them to perform their role and identify training needs (Regulation 18(2)(a)).
- Receive and comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS) (Regulation 12(2)(b)).
- Introduce processes for collecting patient outcomes and experiences and use these to improve the service.
- Work with leaders in the provider company to develop an action plan for improvements and a vision and strategy for the service.






# 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

# Surgery

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

## Are Surgery safe?

Inadequate 

We rated safe as inadequate.

### Mandatory training

**The service did not provide mandatory training in key skills to all staff.**

The service did not have a set list of mandatory training required for each staff role. Some staff had received training in some key areas such as fire safety, basic resuscitation, infection control and health and safety. However, one of three staff members had not completed any training in key areas. Managers could not be sure that all staff had completed the training required to perform their roles safely and reduce the risks to patients.

### Safeguarding

**Staff did not always complete training about how to recognise abuse or understand how to report abuse and protect patients.**

The service did not have guidance about the level of safeguarding training required for each staff role. Some staff had completed safeguarding adults training online up to level two. However, one of three staff members had not completed any safeguarding training. Managers could not be sure that all staff had completed the knowledge required to recognise and report abuse.

No staff had completed child safeguarding training, however the service only treated adults, therefore the risk from this was low.

The service did not have a local safeguarding policy. Staff were able to verbally describe that they would telephone social services or the police if they had identified a safeguarding concern, however they did not have a policy that described the relevant local authority or how to make a referral.

### Cleanliness, infection control and hygiene



# Surgery

## **The service did not always control infection risk well.**

Staff cleaned treatment areas and recorded this on a cleaning schedule. However, staff had not completed the schedule before and after each procedure. Staff were able to verbally describe that this would be the case and treatment rooms were visibly clean. Staff followed some infection control principles including the use of personal protective equipment (PPE) and hand hygiene. Patients told us that the clinic had been clean and tidy when they visited.

Staff used a desktop steriliser to decontaminate some of the instruments used during procedures however, these are not compliant with the Department of Health Technical Memorandum 01-01: management of surgical instruments (medical devices). The guidance recommends that desktop sterilisers should only be used as a last resort. If used, there 'should be measures in place to audit each use of the steriliser and identify which cycles are for the steriliser's routine validation and which are for surgical decontamination'. This audit should ensure that the steriliser is only used for instrument decontamination in exceptional circumstances. The service did not have the records described; this increased the risk to patients from infection.

The service had an infection control policy but it did not include all the relevant information and guidance and managers had not followed all the recommendations within it. The policy stated that all staff should complete infection control training and that staff should record all infections. However, the service did not have a process to record infections and not all staff had completed training. Patients were at risk of infection because staff did not have clear guidance about how to prevent infection.

## **Environment and equipment**

### **The design, maintenance and use of facilities, premises and equipment did not always keep people safe.**

The design of the environment did not always follow infection control best practice guidance.

Staff told us that they shaved and washed patients' hair in the same room as they stored clinical waste and used cleaning equipment. Services should not use the same room for clean and dirty procedures. Staff told us that clinical waste bins were moved to communal corridors when patients had their hair shaved and washed; this increased the risk of cross contamination.

The service did not have servicing records for the equipment used for procedures or the equipment used to sterilise instruments. Services should regularly check that equipment is safe for use and used in a safe way. Staff could not be sure that the equipment worked as it should and that there was no risk to patients from this.

Staff regularly checked the efficacy of emergency equipment, such as a defibrillator, and recorded this.

The service had suitable facilities to meet the needs of patient's families, these included a toilet facility and waiting area.

## **Assessing and responding to patient risk**

### **Staff did not always fully complete and update risk assessments for each patient, identify and remove risk and act upon patients at risk of deterioration.**

The service identified patient risks through a medical questionnaire completed by each patient before their consultation. Staff discussed the risks identified in the questionnaire and recorded this in the consultation notes. However, the service

# Surgery

did not have a set process for recording individual's risks or how to manage them. The service also did not have a documented set of exclusion criteria to inform patients what risks would prevent them from being able to access treatment. Staff were able to verbally describe how they would manage some risks and what medication, or conditions would exclude some patients from being able to have the procedures. However, there is a risk that this was not clear to patients or new staff.

Staff recorded patients' vital observations at the start of each procedure. However, the service did not have a process to record these again during or after the procedure. Staff were not able to explain why this was. The service did not have a risk assessment that considered the risk of not repeating observations to support this process. The service did not have a documented escalation policy about the management of the deterioration of patients, however staff were able to verbally describe the actions they would take. Without a process, the service could not be assured that staff had the knowledge to recognise and deal with patient deterioration.

Staff shared key information to keep patients safe when handing over their care to others. Staff verbally described that they discussed all patients with the doctors performing the procedures on the day of the procedure and that doctors had access to all patient records. Patients told us that they discussed their procedures with the doctors when they arrived for their treatment.

Staff discussed mental health and wellbeing with patients and were mindful about making sure that patients did not have unrealistic expectations for the procedures. Staff verbally described that they would get consent from patients to contact their GP if they believed a patient was suffering from mental health or emotional issues.

## Staffing

**The service had enough staff with the right qualifications; however, it was not clear what training and specialist skills each staff member had.**

The service employed a small team of staff made up of a registered manager, a hair transplant technician and a hair growth specialist. The registered manager had been in post since 28 October 2021. The service had two doctors who attended the service to perform the surgical steps of the hair transplant procedures. Staff arranged procedures in line with patient needs and preferences as well as staff availability.

At the time of our inspection, there was no mandatory accredited training requirement for hair transplant surgery in the UK. However, a General Medical Council (GMC) licensed doctor must have performed the surgical steps of the procedures. The doctors who performed hair transplant procedures at the clinic were GMC registered. The Cosmetic Practice Standards Authority (CPSA) recommend that doctors who perform hair transplant procedures complete specialist training and apply to be added to the GMC specialist register. The doctors were not on the specialist register and managers could not be sure that they had up to date knowledge and training to perform their roles well.

The registered manager and other staff based at the clinic had been in post for different lengths of time. Managers were not able to provide induction records for staff and some staff had not completed training in key areas. Staff were able to verbally describe the skills and experience they felt relevant to their role.

## 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.**

# Surgery

Staff explained that the service had recently transferred to an electronic system for patient records and that some parts of the record were still paper based. Despite this, staff were able to easily locate the relevant documents for each patient. Staff stored paper records securely. Doctors had access to patient records on the day of the procedure and patients told us that staff had their information when they arrived.

## Medicines

**The service did not use a local policy, systems or processes to manage medicines and could not be sure that staff knew how to store, prescribe, administer, record and dispose of medicines safely.**

Staff did not always store medicines safely. The service stored four medicines in the refrigerator. Staff recorded a minimum and maximum temperature viewed on a digital refrigerator thermometer each day. However, staff did not record the actual temperature of the refrigerator and they were not sure if the refrigerator had reached the minimum or maximum temperatures that they had recorded. Staff did not know the recommended storage temperature of each medicine and therefore could not be sure of the efficacy of the medicines. This meant that patients were at risk of receiving inadequate medication.

As a qualified nonmedical prescriber, the registered manager often prescribed and ordered medication in advance of patient procedures. Staff told us that if a patient needed additional sedation on the day of the procedure, the registered manager would also prescribe this. The service had a form to record which medicines a patient had received on the day of their procedure, but the form did not list the registered manager as a prescriber option. The service did not have clear guidance about who should prescribe what and when and could not be sure that staff recorded this accurately.

Managers did not receive patient safety alerts from the Central Alerting System (CAS). CAS alerts include important safety information from the Medicines and Healthcare products Regulatory Agency (MHRA). Services should use these to learn from safety incidents and improve practice.

## Incidents

**The service did not manage patient safety incidents well.**

The service did not have a clear system to identify and report incidents. The service had a blank accident book for reporting accidents and injuries only however staff were not able to describe what other events classed as an incident. The registered manager found an incidents tab on the service's electronic system however they had not completed training about how to use it. Staff verbally described that they would discuss incidents at team meetings if they felt that one had occurred. However, the service did not have a process to investigate and learn from incidents to improve quality, safety and practice.

## Are Surgery effective?

Requires Improvement 

We rated effective as requires improvement.

## Evidence-based care and treatment

# Surgery

## **The service did not always provide care and treatment based on national guidance and evidence-based practice.**

The service did not have some of the expected policies and procedures in place to govern the service and ensure compliance with legislation and best practice guidance. Managers could not be sure that staff and doctors had knowledge of national best practice guidance or that they performed their roles in line with legislation.

The service used the follicular unit excision method of hair transplant cosmetic surgery. Experts regard the follicular unit excision method as one of the two main, and most effective, methods of hair transplant treatments. The service's affiliation with the hair loss treatment group Gro Australia should give the staff and doctors access to specialist research and training however it is not clear if this had happened. One of the doctors who performed procedures at the service was an affiliate member of the British Association of Hair Restoration Surgery (BAHRS) but the service did not have records of any specialist hair transplant membership or training other staff had completed.

## **Nutrition and hydration**

### **Staff gave patients enough food and drinks to meet their needs.**

Staff provided patients with meals and refreshments to meet their needs and preferences. Patients told us that staff asked them before their procedure what they would like to eat and drink, staff would then go to get this for them. Patients felt well informed about the day of their procedure and what they should or shouldn't eat or drink beforehand.

## **Pain relief**

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

Staff told us that they regularly asked patients if they were in pain during their procedure and that doctors would provide pain relief if it was safe to do so. Patients received information to take home that told them what they should do if they felt pain after their procedure.

## **Patient outcomes**

### **The service did not always monitor the effectiveness of care and treatment.**

The service did not have a clear process for collecting, collating, acting on and learning from patient outcomes. The service did not have any data around effectiveness or infection rate or how often patients had experienced any complications during or after their procedure and did not participate in any national audits. However, the five patients we spoke with said they were happy with the treatment they had received.

## **Competent staff**

### **The service did not always make sure staff were competent for their roles.**

There is currently no mandatory accredited training requirement for hair transplant surgery in the UK. However, a General Medical Council (GMC) licensed doctor must perform the surgical steps of the procedure. The doctors who performed hair

# Surgery

transplant procedures at the clinic were GMC registered. The Cosmetic Practice Standards Authority (CPSA) recommend that doctors who perform hair transplant procedures complete specialist training and apply to be added to the GMC specialist register. The doctors were not on the specialist register and managers could not be sure that they had up to date knowledge and training to perform their roles well.

The registered manager and other staff based at the clinic had been in post for different lengths of time. Managers were not able to provide induction records for staff and some staff had not completed training in key areas. Staff were able to verbally describe the skills and experience they felt relevant to their role.

There service did not have staff supervision or appraisal records. However, staff told us that, as a small team, they have informal discussions daily and that the registered manager is accessible and approachable.

## Multidisciplinary working

### **Staff worked together as a team to benefit patients.**

Staff told us that they attended a team meeting once per week and that they discuss patients and operational issues daily. Although the doctors who performed the procedures were not always present at the clinic, staff verbally described that they discussed all patients with the doctors on the day of procedures and that doctors had access to all patient records. Patients told us that they felt well supported by staff.

## Seven-day services

### **Staff were available to patients seven days a week to support timely patient care.**

The service offered a structured programme of follow up appointments at regular intervals up to 18 months after procedures. Staff also made regular contact with patients in the days immediately after their procedure and patients were able to contact staff out of hours on an on-call mobile number.

## Health promotion

### **Staff gave patients practical support and advice.**

The service provided patients with good post-operative care information to help promote hair growth and get the most out of their procedure. Patients told us they were happy with the information they received before and after procedures.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

### **Staff supported patients to make informed decisions about their care and treatment.**

Staff understood the importance of checking patients' understanding of their treatment and ensuring that patients did not have any unrealistic expectations of the outcomes. Patients told us that they felt well informed about what to expect on the day and after their procedure.

# Surgery

All the records we reviewed included consent forms and confirmed that patients had received the required 14 day cooling off period prior to consenting to surgery. This was in accordance with the Cosmetic Practice Standards Authority recommendations.

Patients completed a medical questionnaire before their first consultation, this asked them to confirm if they were undergoing treatment or suffering from any mental health conditions. Staff were able to explain that they would discuss these questions with patients and seek consent to contact their GP to check if they were suitable for treatment.

## Are Surgery caring?

Good 

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. Patients told us that staff treated them well and with kindness.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were able to give examples of times they had adapted treatment in line with the cultural needs of patients.

Staff understood the need to keep patient information private and secure.

### Emotional support

**Staff provided emotional support to patients and their families 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 regularly phoned them to check how they were after a procedure.

Staff understood the importance of managing patient's expectations about procedures and the timescales for seeing results. Staff were able to describe the social and emotional impact of hair loss on patients and how to manage this sensitively.

### 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.**

# Surgery

Staff made sure patients and those close to them understood their treatment and what to expect before and after their procedure.

Patients told us that staff involved their families in their care if they wanted them to and one patient told us that staff had provided extra food when a family member had visited the service with them on the day of the procedure.

## Are Surgery responsive?

Good 

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.**

Patients do not have to be local to access the service if they are willing to travel to appointments.

Staff arranged appointments in line with patient needs and preferences as well as staff availability. Patients told us that they had found it easy to reschedule appointments and talk to staff when they needed to.

Patients booked follow up appointments on the day of their procedure and staff understood the importance of contacting patients if they missed them. The service's consent form included the importance of attending follow up appointments.

### **Meeting people's individual needs**

#### **The service was inclusive and took account of patients' individual needs and preferences.**

The service worked with a wide variety of patients and staff said that there were no adult groups or protected characteristics that they would not consider for treatment. However, some staff had not completed equality and diversity, learning disabilities or dementia training.

Patients chose food and drink to meet their cultural and religious preferences.

Wheelchair users could access the building and patients could reach the service by lift or stairs.

The service said it would fund translation services for patients who needed them, although no contract was in place with translation services.

### **Access and flow**

#### **People could access the service when they needed it and received good follow up care.**

# Surgery

People could access the service when they needed it. Staff arranged procedures in line with patient needs and preferences as well as staff availability and the service did not have a long waiting list. The manager told us that they would rearrange appointments straight away if the doctors or other staff were sick and they would apologise to patients.

The service offers remote consultations to people who need them, but these do not replace the required face to face appointments.

The service provides follow up appointments at one and two months followed by quarterly appointments up to 18 months. Patients agree to attend all follow up appointments as part of the consent process. Staff regularly contact patients between appointments and patients felt supported throughout their treatment journey.

## Learning from complaints and concerns

### **The service did not have a clear process for receiving, recording, investigating and responding to complaints.**

On the day of the inspection, the manager was not able to provide a documented complaints policy. Staff told us that they would refer complaints to the manager. The manager advised that they would refer unresolved complaints to the provider company.

The service did not have a structured way to collect patient feedback. Staff advised that the company were working to put this in place for the service. Despite the lack of formal process, patients told us that they felt able to give feedback and would know how to complain if they needed to.

## Are Surgery well-led?

Inadequate 

We rated well-led as inadequate.

## Leadership

### **Leaders did not have an effective plan to manage priorities and issues that the service faced.**

With the nominated individual based at Gro in Australia, the registered manager had overall responsibility for the management of the service despite having been in post for a short time. The registered manager told us that they had regular meetings with leaders within the Gro Australia group and that they were aware of issues within the service, however the manager could not describe their plans for improvement.

## Vision and Strategy

### **The service did not have a formal strategy to turn what they wanted to achieve in to action.**

The registered manager told us that their aim was to ensure that the service was compliant with legislation and best practice guidance. There was no evidence to support that leaders were clear about how they would achieve this. As an



# Surgery

independent regulator it is not our role to tell providers specifically what should be in their policies, systems and processes. These are specific to the location and the types of care and treatment that it delivers. We evaluate these to assess their compliance with the Health and Social Care Act 2008 (Regulated Activities) and performance against best practice guidance.

The service had plans to expand the clinic by leasing additional rooms within the building. These rooms would add additional office, consultation and storage space and were expected to improve the use of clinical spaces.

## Culture

### **Staff felt respected, supported and valued and were focused on the needs of patients receiving care.**

Staff said that they felt respected by their colleagues and supported and valued by their manager. However, it was not clear what their relationship was like with the company who employ them, although staff advised that representatives from the company attended some team meetings.

Staff did not receive formal supervision or appraisals therefore plans for their development or career progression were unclear.

Staff appeared focused on the needs of patients and made regular contact to check their wellbeing.

## Governance

### **Leaders did not operate effective governance processes.**

The service did not have the expected processes to govern the service or some of the documented local policies and procedures that are expected in a health and social care setting to support governance and ensure compliance with legislation and guide staff to perform their roles safely.

The service did not have a clear system or processes for auditing service and patient outcomes to improve the quality and safety of the service. For example, the service did not have a process to measure how many patients developed an infection after their treatment. This is an expected element of clinical governance and the lack of audit processes risks poor quality of care for patients.

The service did not have records available to the commission regarding the persons employed to carry on the regulated activity meeting all expected parts of the regulations. For example, we did not see recruitment documentation or a clear process for granting practising privileges to the doctors to ensure that all the necessary checks had been carried out and that they were qualified and competent to perform procedures.

The service did not have up to date Disclosure and Barring Service certificates for all staff to ensure that vulnerable patients were not at risk and the service did not have a list of mandatory training for each role or oversight of staff training, supervision or appraisal to ensure that they were trained and competent to perform their roles.

## Management of risk, issues and performance

### **The service did not use systems to manage risk, issues or performance effectively.**

# Surgery

The service did not use systems and processes to manage risk and did not have local policies and procedures that are expected in a health and social care setting to support governance and ensure compliance with legislation and guide staff to perform their roles safely. For example, the service did not have an effective infection control or medicines policy or a clear process for managing incidents. This meant there was a lack of clinical oversight and performance monitoring.

The service was not registered to receive patient safety alerts from the Central Alerting System (CAS). CAS alerts contain important public health messages and other safety critical information and guidance to health and social care providers.

The service did not have a process for auditing service and patient outcomes to improve the quality and safety of the service and check compliance with guidance.

The service did not have a business continuity plan or risk register to properly assess the risks to the delivery of the service.

## Information Management

### **The service did not collect and analyse data to understand performance or make decisions and improvements.**

The service did not do audits to ensure compliance with policies and procedures or best practice guidance.

The service did not have a set process for collecting information about patient outcomes and experiences to improve the service. However, the registered manager told us that other Gro clinics (in Australia) use patient surveys and that the service had plans to introduce these in the future.

The service did not have a full suite of policies and procedures to govern the delivery of the service and ensure compliance with legislation and best practice guidance.

## Engagement

### **Patient and public engagement.**

The service did not have a formal process for engaging with patients, however patients told us that staff contacted them regularly to see how they were and keep them up to date about their treatment plans.

The service had a public website that contained information about the service and news articles, social media posts and topical information from Gro hair loss treatment group.

### **Staff engagement**

The service did not have formal supervision and appraisal processes in place for staff, however staff told us that they felt supported and valued by the registered manager. Staff told us that leaders from Gro attended weekly team meetings by video conference.

## Learning, continuous improvement and innovation

### **The service did not have clear plans for learning, continuous improvement or innovation.**

## Surgery

The registered manager told us that the service was not involved in any research, training, product testing or project development. It was not clear if staff would have access to this through the clinic's affiliation with Gro hair loss treatment group.

Although, one of the doctors who performed procedures at the service was an affiliate member of the British Association of Hair Restoration Surgery (BAHRS), the service did not have records of any specialist hair transplant membership or training other staff had completed or had plans to complete.