The Harley Street Hair Clinic Limited

The Harley Street Hair Clinic

Inspection report

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Date of inspection visit: 06 October 2022
Date of publication: 01/11/2022

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	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

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 risks 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 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.

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.

The service planned care to meet the needs of their patients, 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 there were short waiting times for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

We rated this service as good because it was safe, effective, caring and responsive, and well led.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to The Harley Street Hair Clinic

Harley Street Hair Clinic is operated by Harley Street Hair Clinic Limited. The service was registered by CQC on 21 November 2011. The service provides day case surgical hair transplant procedures to private patients over the age of 18. The service provided hair transplants using the follicular unit extraction (FUE) method. All procedures were undertaken using local anaesthesia.

The service is registered to provide the following regulated activities: Surgical Procedures

There has been a registered manager in post since the service registered with CQC.

We previously inspected this service using our comprehensive inspection methodology on 9 June 2022.

During that inspection, we identified several concerns as a result of which, on 22 June 2022, we issued the provider with a warning notice under section 29 of the Health and Social Care Act 2008.

We re-inspected the service on 6 October 2022, to review the improvements made by the provider and to conduct a comprehensive inspection of all aspects of the service and base our ratings upon our findings.

During the inspection we spoke with members of the senior management team, medical staff, registered nurses, healthcare assistants and reception staff. We spoke with one patient and examined six sets of patient records.

How we carried out this inspection

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Nicola Wise, Deputy Director of Operations.

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

Good

Surgery

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

Are Surgery safe?

Good

Mandatory training

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

All staff were directly employed by the service, including the doctors.

Staff had completed their mandatory training which was comprehensive and met the needs of patients and staff. The training included infection prevention and control (IPC), information governance, resuscitation and conflict resolution, amongst others.

The staff completed their mandatory training face to face via an external training company and were given time to do this. At the time of the inspection all staff were 100% compliant with their mandatory training.

The registered manager monitored mandatory training and alerted staff when they needed to update their training.

One of the doctors had also prepared a slide presentation for the nursing and healthcare staff covering medicines, pre-op assessment, IPC, needlestick injuries and the deteriorating patient. This was available on the service's intranet.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff had received safeguarding training to the specific level required for their role. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had a safeguarding policy which was updated and scheduled for review in 2023. It contained details of who the safeguarding lead was and contact details of the local authority safeguarding team.

In June 2022, the interim director of quality, patient safety and nursing arranged a safeguarding training staff meeting to build upon the safeguarding training and put safeguarding into context specifically for the type of service provided.

Good

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.

Staff followed infection control principles related to COVID-19, including the use of personal protective equipment (PPE). During our visit, all staff were wearing protective face coverings. There was hand sanitiser in the reception area and each room for staff and patients to use. We noted an electronic temperature check machine as we entered the reception area, which was used to check patients and staff.

Treatment rooms were visibly clean and had suitable furnishings which were also visibly clean and well-maintained. Daily cleaning records were up to date and infection control checks had been completed daily. To demonstrate equipment had been cleaned, staff placed green stickers to visibly show equipment was safe to use. High and low surfaces in the treatment rooms were free from dust.

Staff cleaned the treatment rooms after every patient and cleaning staff came and carried out a general clean after the service had closed. Cleaning schedules were in the toilet and kitchen areas and signed and dated daily.

Infection, prevention and control (IPC) room audits took place weekly and daily for cleanliness and equipment. There was a monthly audit and yearly audits which provided an overview of practice. We saw evidence of daily staff hand hygiene audits.

We were provided with copies of both the infection, prevention and control policy and the clinical audit policy. Both of which were comprehensive, in date and included a review date.

The service had a contract with an external sterilisation contractor for items that could not be properly sterilised in their own autoclave.

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 and the service had enough suitable equipment to help them to safely care for patients.

We noted equipment and surfaces had green 'I am clean' stickers, which indicated they had been cleaned.

Staff carried out daily safety checks of specialist equipment, such as machines used for sterilising surgical instruments (autoclave).

There were four procedure rooms. Three were used for treatments and one was used as a clean area where the autoclave was kept. Equipment to go into the autoclave was brought into the room already clean before being sterilised. Single use equipment was also used during procedures and other instruments such as forceps were sterilised by the external company.

Clinical and normal waste disposal was part of the service contract for the building. Waste was securely stored on the floor below and collected every two-weeks.

Good

Surgery

The storage of the medical gases (oxygen) complied with the Health and Safety Executive HTM02 guidance. We noted the warning sign prohibiting smoking in the vicinity and declaring medical gases were stored in the room. The storage of the oxygen had been risk assessed.

There was resuscitation equipment, including oxygen and an Automatic External Defibrillator (AED). There was also an anaphylaxis kit, for use in the event of a patient having a severe allergic reaction. We checked these items and confirmed they were in working order and in-date.

We were given a copy of the portable appliance test (PAT) completion certificate which showed the electrical appliances at the service had been tested and had passed.

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 used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service used the National Early Warning Score (NEWS2). NEWS2 is a tool developed by the Royal College of Physicians to improve the detection and response to clinical deterioration in adult patients. This is a key element of patient safety and improving patient outcomes. Staff recently had training in its use and continued access to a video which explained how to correctly use the NEWS2 score sheet and the scoring process. We saw NEWS2 in use within the medical records we reviewed.

Staff completed a procedure record form for each patient. This incorporated a modified World Health Organisation (WHO) surgical checklist. Staff used the form to record a detailed record of the procedure, any medication given and patient observations at various stages during the procedure.

Each patient was required to complete a detailed health questionnaire, which included a question about deep vein thrombosis (DVT). Venous thromboembolism (VTE), also known as blood clots, is a disorder that includes deep vein thrombosis and pulmonary embolism and can occur when patients are immobile for several hours. Patients at the service were given opportunities to move around and a longer break for lunch.

We examined six patient records randomly chosen by us. All the records showed an assessment of suitability for the procedure, clinical observations and the patient's consent to the procedure. The procedure record was scanned and incorporated into the electronic patient record after the treatment was completed.

Post operatively, patients had access to a patient co-ordinator who could contact their operating surgeon in the event of any post-surgical complications or advice. This service was available during business hours. Patients were instructed to contact an out-of-hours doctor or A&E outside of these hours if they had any concerns.

If a patient became seriously unwell, they would be transferred to hospital by an NHS ambulance in the normal way. This was made clear in the deteriorating patient guidance.

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.

Good

Surgery

The service had enough staff to keep patients safe and could adjust staffing levels daily according to the needs of patients. The service did not use any bank or agency staff.

All members of staff were employed by the service and it did not have any medical staff working on practising privileges. Instead, the service was registered with the General Medical Council (GMC) as a designated body (DB) with a named responsible officer (RO) in compliance with the Medical Profession (Responsible Officers) Regulations 2010. The RO ensured regular appraisals were completed on all doctors and made recommendations to the GMC about their fitness to practise.

At the start of their employment, all staff received an induction into the service. This included an orientation of the building and opportunities to shadow colleagues. New staff had their training credentials, practice licences and their disclosure and barring service (DBS) check verified.

The service had a staff appraisal policy, which was in date and a scheduled review date. The policy contained an example of a self-assessment appraisal form which the staff would complete themselves before their manager would complete the yearly appraisal. The service kept a record of when appraisals were due. Medical and Nursing staff were supported when their revalidation was due.

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.

We examined six sets of patient notes. We found them to be comprehensive and all authorised staff could access them easily.

Patient records contained a copy of the patient health and Covid-19 questionnaires, the patient's signed consent record and the patient procedure record, including the WHO surgical checklist. Patient records were scanned onto the electronic record management system at the end of the procedure.

The service undertook an annual patient record audit.

Medicines

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

The service used local anaesthetics to numb the treatment area. A low dosage of a controlled drug could also be prescribed to certain patients.

Controlled drugs (CD) were kept in lockable storage and access was granted to clinical staff only. The CQC registered manager was the controlled drug accountable officer. The registered nurses told us part of their duties was to lead on medicines management.

The service had a controlled drugs book which staff used to keep a check on the stock of controlled drugs. The controlled drug stock was accurately recorded in the CD record book, the count was correct, and the drugs were in date. We inspected a random sample of the non-controlled drugs and found the count was also correct and they were in date.

We were provided with a copy of the medicines management policy issued in May 2021, and to be reviewed in May 2023. It provided staff with the standard operating procedures for the administration of medicines and controlled drugs.

Good

Surgery

If medicine was required following hair transplant surgery, the operating doctor signed a prescription on the day of surgery, which was given to the pharmacy dispensing the medicine on the day of surgery.

Post-inspection, the registered manager provided evidence of a medicines management policy which outlined how controlled drugs should be stored, managed and disposed of.

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.

The service had a newly revised and comprehensive adverse incident reporting and investigation policy, which incorporated the patient safety incident review framework (PSIRF).

Staff could report incidents on an IR1 form, which was available in both paper and electronic form.

All incidents were reported to the registered manager, reviewed and investigated.

Incidents were discussed at the weekly staff team meetings and any learning shared. We were told of examples of shared learning from a needle stick injury and a patient who had left his post-op medicine behind.

Staff we spoke with confirmed they knew how to report incidents and what we had been told about feedback and shared learning. As previously mentioned, there had been a training presentation which advised how to prevent and what to do if a needle stick injury happened.

Are Surgery effective?

Good

Evidence-based care and treatment

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

The service had undertaken a comprehensive review of their policies, resulting in a fit for purpose, location specific, suite of policies.

The service had created a section on their intranet where staff could access all policies, forms and procedures. It included alerts for when new files or documents were added.

All staff had access to a health and safety website which was used as a source of information on a range of topics such as correct hand washing and clinical waste management.

Good

Surgery

We were shown the standard operating procedure folder by a healthcare assistant. This was available in each of the treatment rooms. It held information and best practice guidance on safe procedures such as the management of sharps, managing medications, managing allergies and emergency medication. The document was last reviewed in September 2022.

NEWS and the WHO surgical checklist were incorporated into the electronic patient record (EPR). Patients were asked about pain and this was also recorded.

Nutrition and hydration

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

Staff made sure patients received enough food and drink to meet their needs including those with specialist nutrition and hydration needs. Patients were given breaks during the treatment and drinks and food were supplied. The service was able to cater for nutrition and hydration for most religious, cultural or other needs.

Pain relief

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

Asking patients about the pain they were feeling was part of the NEWS2 score. We saw evidence of that on each of the patient records we reviewed.

The patient we spoke with told us he had not felt any pain after the local anaesthetic had been applied but was aware of what was happening.

All patient records reviewed during inspection evidenced that staff had recorded the administration of local anaesthetic detailing type, batch number, amount, expiry date and site of administration.

Each patient was given a post-op pack containing detailed ongoing care advice specific to the procedure they had, medication and contact telephone numbers if they had any concerns.

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 monitored patient outcomes by patient contact on the day after treatment, and again at two weeks, six months and one year. Photographs of pre and post treatment were taken to make comparisons, as well as gaining patient feedback on the whole experience.

Patients were encouraged to provide feedback, which they did in the service's patient feedback books and left positive reviews online.

Patient feedback and outcomes were discussed at staff meetings and at the Clinical, Quality Governance, Patient Safety and Risk management Committee meetings. We examined the committee minutes and saw patient outcomes was a standing agenda item under quality.

Good

Surgery

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits.

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 identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Medical staff working for the service were on the General Medical Council (GMC) register with the necessary qualifications and experience relevant to their role. They had regular appraisals by their Responsible Officer as part of their continued GMC registration.

The employed nursing staff were registered with the Nursing and Midwifery Council (NMC) and complied with the revalidation procedures required by their registration.

Managers made sure staff received any specialist training for their role. All non-medical staff were required to complete the service's framework competencies for staff carrying out follicular unit extraction (FUE). Staff were assigned an experienced mentor. Once completed, staff underwent a competency review with the medical director or a senior surgeon.

The induction process for the health care assistants involved shadowing a nurse for two weeks. Learning included setting up of the room, safe management of sharps and infection control practice. These were all supervised and monitored to ensure that correct processes were followed. The nurse also provided feedback on their learning and supervised. The lead healthcare assistant also supervised their practice and induction over a longer period of time.

The clinical educators supported the learning and development needs of staff. As evidenced by the training provided by one of the surgeons and the interim director of quality, patient safety and nursing.

Managers supported staff to develop through yearly, constructive appraisals of their work. This was supported by the staff performance appraisal policy.

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

We were provided with evidence of staff having valid Disclosure and Barring Service (DBS) checks.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

We saw evidence that staff worked well together in the best interest of patients. All members of staff we spoke with told us that team working was well established within the service and they had no issues working with their colleagues.

Good

Surgery

Seven-day services
The service was open Monday to Saturday at varying times depending on patient activity.

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 to gain patients' consent.

Consent was obtained in line with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016) which states 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. Of the six patient records we reviewed, all records showed a minimum of 14 days had been achieved between initial consultation and procedure.

The patient had a face to face initial consultation with the operating surgeon and on all records reviewed we saw risks of the procedure were explained and discussed. This was confirmed by the patient we spoke with.

Pre-operative assessments incorporated psychological well-being which aimed to identify issues that may affect individual's reaction or reasons for treatment. We were given an example such as body dysmorphia and where a patient was declined treatment due to the likelihood of coercive control.

Pre-assessment questions included asking about anxiety, depression and any related medication. We were told doctors also asked these questions again when they gained patient consent.

Are Surgery caring?

Good

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. Patients said staff treated them well.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

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

Staff gave patients help, emotional support and advice when they needed it.

Good

Surgery

Many of the online reviewers, when they mentioned it, reported they did not feel pressured into making a decision by the service.

A chaperone service was available for patients and staff were trained to act as a chaperone if required.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients in a way they could understand and supported patients to make informed decisions about their care.

The patient we spoke with told us the procedure was thoroughly explained, as well as the possible after-effects and post-operative care. We read similar feedback in the patient feedback books at the service and in the online reviews. Patients were also made aware of the costs related to the procedure.

Patients and their families could give feedback on the service and their treatment. Staff supported them to do this.

Are Surgery responsive?

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.

Managers planned and organised services, so they met the needs of their patients. The service was flexible, and people's needs, and preferences were met.

Facilities and premises were appropriate for the services being delivered and were in line with the Department of Health, Health Technical Memorandum (HTM) standards and design.

The appointment system appeared easy to use and supported people to access appointments. Patients could arrange an appointment by telephone or make an enquiry using the clinic's website.

The service was able to provide treatments for all adults, including those undergoing gender transition.

There was a lift within the building so wheelchair users or those with other mobility issues could access the service which was on the first floor. A suitable ramp was available for deployment to allow wheelchair users to negotiate the front steps into the main building.

The service was able to access written information in other languages. We were told most patients spoke English, but the manager told us an interpreter service would be arranged if needed.

Good

Surgery

Access and flow

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

Initial face to face consultations were held with patients. A range of options were explained and cost and possible financing discussed. During the initial consultation the patient would be given pre-operative information and their expectations regarding the results of treatment were discussed. If the patient wished to continue, the patient was booked in for treatment.

All procedures were booked in advance. Once the procedure was confirmed with the surgeon, staffing was arranged to support the procedure.

Patient co-ordinators managed the booking appointments and times for all patient appointments with the consultant.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

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 an up to date complaints policy with a scheduled review date. The policy was clear and explained how staff should handle any complaint. An appendix provided a form for staff to complete when taking a verbal complaint from a patient.

The registered manager told us they had received very few complaints as they worked hard to manage the expectations of patients.

Patients were given aftercare information after their procedure which told them how to give feedback on their experience. There were leaflets available in the reception area detailing how to make a complaint.

Staff we spoke with were aware of the complaint process and the procedure for accessing the forms and how to make the report. They spoke of learning from patient comments and about working with patient preferences and responding to any concerns at the time.

As at the last inspection the registered manager said although they had considered registering with the Independent Sector Complaints Adjudication Service (ISCAS), due to the lack of complaints he did not think it was required at this time.

The patient feedback we read in the patient feedback books at the service was very positive, as were the online reviews.

Good

Surgery

Are Surgery well-led?

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's senior management team consisted of the managing director, who was also the CQC nominated individual and the registered manager, the clinic manager, the interim director of quality, patient safety and learning, the medical director, the nursing lead and the administration lead.

The management team had the skills, knowledge, experience and integrity to lead the service.

The management team were present and visible. During our inspection we saw staff at all levels interacting with them and each other borne out by what we had been told by the staff about teamwork and a positive culture.

Vision and Strategy

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

Members of the senior management team we spoke with explained their vision for the service and provided us with a written strategy document. Their vision was the provision of world class hair restoration and hair retention services. Their strategy to achieve their vision was to continue to provide an unparalleled patient experience and outcomes.

We were provided with a copy of the service's clinical quality, governance, patient safety and risk strategy 2022. In that document it stated one of its objectives was to embed the concepts and ideas of a clinical, quality focused organisation into the day-to-day working practices of the organisation.

Staff we spoke with said they were focussed on improvement, teamwork and a positive working culture.

Culture

Staff we spoke with 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 and staff could raise concerns without fear.

Staff working at the service felt the culture of the service was one which encouraged openness, honesty and teamwork.

A weekly general meeting was held for all staff including medical, nursing, administrative and management teams. Given the size of the service it was reported that this general meeting may sometimes be in the form of a safety huddle but was an important space for staff to communicate any ongoing issues and for feedback to be provided.

Good

Surgery

Nurses and healthcare assistants met on a weekly basis and medical staff met on a weekly or fortnightly basis depending on capacity.

All meetings were minuted and information was fed into the senior management team meeting.

Staff appeared happy and content in their roles. Staff we spoke with said they enjoyed their roles and felt well supported by their colleagues. They felt there was a good atmosphere and good teamwork.

A staff survey took place on an annual basis. We were given examples of how the staff survey had identified some issues and changed the working culture for the better.

Managers reported they aimed to promote a positive working culture and pointed towards low staff turnover and a supportive staffing group as examples of this. All staff had been keen to work as a team on improvement following the last inspection report.

Governance

Leaders operated effective governance processes throughout the service. 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.

The team meeting structure had been reviewed and refreshed since our last inspection.

As part of the governance framework there were clear structures, processes and systems of accountability.

The clinical, quality governance, patient safety and risk management committee meeting was an opportunity to discuss patient outcomes, take note of any medication or sector specific alerts. Clinical oversight was provided by regular meetings with the responsible officer who oversaw the service for the GMC.

All staff were clear about their roles and responsibilities, who they were accountable to and who to escalate concerns to.

The service utilised audits, risks assessments, yearly appraisals, supervisions, and patient feedback, supported by policies, to ensure sustainability of the service.

The service had in-date policies tailored to the location. The policies were version controlled and available to all staff at any time. Staff training took place to ensure staff understood them.

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 an up to date risk management policy and strategy document which included a scheduled review date. This policy explained how risks would be classified according to the RAG system (red, amber, green – like a traffic light) which was reflected in copy of the current risk register we were shown. The registered manager was responsible for the identified risks but often delegated tasks to other colleagues to bring them to conclusion. An example of this was the identified risk from needlestick injuries to staff, which led to one of the surgeons preparing a staff training presentation.

Good

Surgery

We spoke with a registered nurse who told us they chaired the nurses and healthcare assistants weekly meeting and fed back to the registered manager. They also attended the senior leadership team meeting.

Staff we spoke with told us there was good communication and teamwork. They told us it was easy to share information and improve. Also, they felt the service was on a good track, had a good atmosphere and good teamwork.

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 service had an in-date information governance and lifecycle policy with a scheduled review date. This policy outlined that once records are no longer required for operational purposes; they will be sent to a secure off-site storage facility.

Staff had the information they needed to provide care and treatment to patients. All information was accessible to authorised staff on the intranet. The General Data Protection Regulation 2018 (GDPR) was followed by the clinic to ensure fairness and transparency, data minimisation, integrity and confidentiality.

The service had invested in antivirus and firewall protection software. All computers we saw in use were password protected and locked when not being used.

All staff had completed information governance training and certificates of completion were kept in their personal files.

Photographs of patients before and after treatment were taken, with consent, and uploaded to the patient record. The photographs were taken with a service owned device and only stored on its system. Patients could ask the service for their photographs to be deleted. We were told about a mobile telephone application, to be introduced shortly, which would allow authorised patient users to self-delete their photographs.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Patient and staff feedback and surveys were used to plan and manage services, this included learning from reported incidents.

We were told a satisfaction questionnaire took place when patients finished treatment. There were eight questions about the service. These were asked verbally by one of the coordinators. Questions were rated on a scale of 1 to 5. If any questions scored lower than a 3 the registered manager was notified, and the comments acted upon. These results were audited and discussed at the management meetings.

The service ensured patients had multiple platforms to give feedback, to try and get as much feedback as possible. Patients were able to do this electronically online or if patients were unable to access the internet, they were able to provide feedback in the feedback books in reception or via mailed in thank you cards, as many had done.

A staff survey took place on an annual basis. We were given examples of how the staff survey had identified some issues and changed the working culture for the better, such as the introduction of all staff meetings on Thursday mornings.

Good

Surgery

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.

Managers promoted continuous improvement by conducting and reviewing audits, monitoring staff training and continued learning, holding management and staff meetings and cascading results of staff surveys, risks and complaints.

The service told us they were shortly going to introduce a new method of hair transplant called the lateral slit technique.

The service was shortly going to launch a mobile telephone application which patients could use to securely interact with the service, book consultations and get access to post op care plans.

The registered manager had attended the world FUE conference in turkey and the European FUE conference in Athens with two of the service's surgeons.