Medical Hair Restoration Clinic (Manchester) Limited

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Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was the first time we had inspected this service. We rated it good because:

- There was enough staff. The service was visibly clean, well maintained and controlled infection risks well. Processes were in place to manage safety.
- Staff gave service users food, fluids and pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service took account of service users 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.
- The management team were visible and approachable, there was a positive culture and staff were clear about their roles and accountabilities. The service engaged well with service users and all staff were committed to improving services continually.

However,

- Not all staff had all the required mandatory training at the appropriate level, the area adjacent to the reception was potentially unsafe and there were limited documented clinical guidelines or procedures.
- Some governance and risk management processes were in place, but more work was needed to ensure the management team had robust oversight and assurance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	We had not previously rated this service. We rated it as good because: • The service had enough staff to care for service users and keep them safe. The service controlled infection risk well. Staff assessed risks to service users, acted on them and kept good care records. They managed medicines and safety incidents well. • Staff provided good care and treatment, gave service users enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of service users, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. • Staff treated service users 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 service users. • The service planned care to meet the needs of their clients, took account of service users' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran the service well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of service users receiving care. Staff were clear about their roles and accountabilities. The service engaged well with service users and the community to plan and manage services and all staff were committed to improving services continually. However: • Staff did not have all the required training in key skills for a healthcare setting. Not all equipment

Summary of findings

was stored safely. The service did not have documented clinical procedures or a procedure for staff to follow in the event of anyone becoming unwell in the clinic.

- We did not see evidence of appropriate references for staff employed by the service.
- We did not see evidence of any shared learning from audits, safety incidents or changes to practice to improve the service. Risk management processes were not robust. We did not see evidence that recruitment was in line with the service policy.

We rated this service as good because it was effective, caring, responsive and well led, although safety required improvement.

Summary of findings

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Summary of this inspection

Background to Medical Hair Restoration Clinic (Manchester) Limited

Medical Hair Restoration Clinic (Manchester) Limited is a cosmetic hair restoration and transplant service. The service provides surgical procedures, medical treatments and supplementary therapies to service users in Cheshire, Manchester and the surrounding areas. Medical and supplementary hair loss therapies, for example medicines, solutions and laser treatments are not regulated by the Care Quality Commission. Therefore, for the purpose of this inspection, we only looked at the surgical hair transplant service provided at the clinic. This included follicular unit extraction (FUE) and implantation procedures and follicular unit transplantation procedures (FUT). The service employed one surgeon who was a member of the British Association of Hair Restoration Surgeons (BHRS) and the International Society of Hair Restoration Surgery. Information provided by the service showed the surgeon had performed 94 hair transplant surgeries at the clinic from August 2021 to July 2022.

The company was registered with Care Quality Commission (CQC) on 13 November 2020 and had a registered manager and nominated individual in place. This was the first inspection of the service. The service is registered for the regulated activity of surgical procedures.

How we carried out this inspection

We inspected the service using our comprehensive inspection methodology. We announced the inspection the day before we attended to ensure the clinic would be open.

One inspector and one assistant inspector carried out the onsite inspection on 4 August 2022. During the inspection we spoke with the staff on duty, we looked at the environment including the theatre room, we reviewed policies, staff files, audit data, risk assessments and ten sets of care records. There were no surgical procedures planned on the day of our inspection however, we spoke with three service users following our inspection.

Following the onsite visit, a meeting was held with the registered manager and the nominated individual on 8 August 2022. We also reviewed further information provided by the service and spoke with three service users.

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 trust 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 all staff undertake all mandatory training in line with requirements for a health care setting. (regulation 12 safe care and treatment)
- The service must ensure all equipment is stored safely and that electrical equipment is not stored near a water source. (regulation 12 safe care and treatment)

Summary of this inspection

- The service must ensure they have documented clinical procedures in place. (regulation 12 safe care and treatment)

Action the service SHOULD take to improve:

- The service should ensure all recruitment is completed in line with schedule 3 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The service should ensure they are able to evidence all of the governance and risk management systems and processes that are in place to provide assurance of oversight and shared learning.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Requires Improvement

This was the first time we had inspected this service. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in some but not in all key skills. However, managers made sure staff completed the training they were required to undertake.

Most staff kept up to date with the mandatory training they were required to complete. However, there was not a full suite of the training we would expect all staff working in a healthcare service to have. For example, staff did not complete equality and diversity training. We raised this as an example with the management team and were told this and first aid training was provided by the management team during induction and was completed using the relevant policy. We raised this as a concern and were advised this would be reviewed using the skills for health recommendations.

In addition, only the surgeon completed any form of life support training. We discussed this with the management team who told us they would implement basic life support for all staff.

During our inspection we found the clinical staffs' training records did not show they had completed training on the Mental Capacity Act, recognising and responding to service users with sepsis, mental health needs, learning disabilities, autism and dementia. We spoke with the management team about this and following our inspection, we received certificates relating to these modules. However, these were dated as completed on 12 August 2022, therefore we could not be assured that the correct level of training was in place at the time of our inspection.

We also asked if the service had a mandatory training policy which detailed the training required and frequencies of each module. Following our inspection, we received a policy which was dated August 2022. The policy was in depth and detailed what we would expect to see in terms of the suite of training for staff working in a healthcare setting. It also contained guidance for staff, appropriate references and links to CQC's key lines of enquiry. The management team told us the policy was new and they were reviewing all staff training and any training that needed to be completed would be done so by September 2022.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Good

Surgery

Safeguarding

Staff understood how to protect service users from abuse. However, not all staff had training on how to recognise and report abuse.

We reviewed the services safeguarding adult's policy which was in date and contained references to relevant guidance and legislation. The policy included details of all types of abuse and advice for staff. The safeguarding lead was the registered manager who was trained to level three adults safeguarding.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Most staff received training on how to recognise and report abuse. However, the reception staff did not complete any safeguarding training. Whilst they always had access to a member of staff with level three training, this is not in line with intercollegiate Adult Safeguarding: Roles and competencies for Health Care Staff. We discussed this with the management team who advised they would review the guidance and ensure all staff were trained to the correct level. Following our inspection, we reviewed the mandatory training policy which had been implemented to reflect the level of training required for all staff. This showed that, going forward, all staff would be completing safeguarding training in line with the intercollegiate document.

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act.

Children were not allowed in the clinic. Routinely the non-clinical staff did not undertake children's safeguarding treatment, however. the surgeon had completed level three children's safeguarding training.

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 service users, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning schedules were recorded, and were part of a monthly audit schedule completed by the registered manager.

Staff used records to identify how well the service prevented infections. A recent audit on the use of prophylactic antimicrobials had been undertaken. This had shown that post procedure infections did not decrease with the use of a generic antibiotic. The service had therefore ceased using prophylaxis as a part of the routine treatment following hair transplant surgery.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent, identify and treat surgical site infections (SSI). Audits had been undertaken in January 2022 and April 2022. These showed an improvement from an SSI rate of 1% in January to 0.5% in April.

Environment and equipment

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

Good

Surgery

There was one theatre, which was spacious, and temperature controlled. All equipment used for surgical procedures was single use. We looked at all the single use equipment and found this was in date. A stock rotation system was in place and a monthly audit was undertaken by the registered manager which included the quantity available, expiry dates, the date checks were undertaken and by who and any comments.

Electrical equipment was safety tested annually by an external company. Evidence of this was provided by the management team.

The service has a defibrillator located in the theatre room. This was subject to monthly checks which had been consistently carried out. There was a documented checking process for staff to follow.

One member of staff acted as the fire warden; they were responsible for checking the fire equipment. We saw evidence of the yearly fire assessment which was completed by an external company. The company also serviced and tested the fire alarms and replaced any out of date equipment. Fire extinguishers and fire exits were clearly signposted.

Staff disposed of clinical waste safely. Both domestic and clinical waste receptacles were available in a secure yard at the rear of the property. A contract was in place with an external company for collection of both domestic and clinical waste.

We observed one sharps disposal bin in the theatre, this did not have the clinic details and date completed and was not signed by whoever had assembled the bin. The temporary closure was also not in use; however, the theatre was only accessible via a keypad lock. We advised the staff on duty about these safety measures.

Through a door from the reception area of the clinic, there was a shower and toilet which was being used as a storage area. This area was cluttered and contained some stock items, cleaning and electrical equipment. Staff told us this area was not a client area, however the door was not locked; electrical equipment should not be stored in a shower as this could pose a risk of electrocution. We raised this as a concern with the staff on duty and the management team following our inspection.

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 service users at risk of deterioration. However, there was a lack of documented procedures for staff to follow.

We reviewed ten sets of care records. These included a variety of pre -operative and post-operative records and some where the client had not undergone the surgery. The records we reviewed were completed fully and included a pre-operative questionnaire with documented past medical history, health problems, medicines and allergies.

The pre-operative questionnaire was reviewed by the surgeon at the first consultation and any risks were discussed with the service user. We saw detailed records of the discussion between the surgeon and the client. If the surgeon recognised any mental or physical health problems, they would signpost the service user back to their GP prior to performing any surgery.

The service did not have a documented procedure for staff to follow in the event of anyone becoming unwell in the clinic. Staff told us an emergency ambulance would be called and that all staff completed first aid training at their induction.

Good

Surgery

The service did not use the World Health Organisation Five steps to safer surgery and did not use any Local Safety Standards for Invasive Procedures (LocSSIPs) (NHS England 2015.) We discussed the use of clinical protocols with the management team who advised the surgeon only ever treated one service user a day and the only surgery performed was hair transplant. This meant the risk of harm, during surgery was minimal.

There were no documented emergency procedures, however the surgeon had access to equipment and medicines that would be required in the event of an emergency, for example there was a defibrillator, cardiac arrest medicines and those needed in the event of a severe allergic reaction happening. These were all kept in the theatre room.

The registered manager was registered to receive central alerting system (CAS) updates. These were checked and acted upon if they were relevant to the service.

Staffing

The service had enough staff with right qualifications, skills, training and experience to keep service users safe from harm.

The clinic employed one surgeon. Surgery was arranged around the availability of the surgeon and clients. No surgery took place unless the surgeon and a technician were present. The surgeon had 20 years NHS experience and eight years hair transplant experience. They were a member of the British Association of Hair Restoration Surgeons (BAHRS) and the International Society of Hair Restoration Surgery.

Other non-clinical staff included sales consultants, receptionists, theatre technicians and the management team.

Records

Staff kept detailed records of service users' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

We reviewed ten sets of care records. The records were comprehensive, in line with the BAHRS clinical standards and all staff could access them easily.

Records were not stored in a locked cupboard but were secure as they were kept in an office on the first floor which was only accessible to staff.

Records were completed in line with standards of the General Medical Council.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines and provided advice to service users about their medicines.

Staff completed medicines records accurately. Staff stored and managed all medicines and prescribing documents safely.

Staff learned from safety alerts. The registered manager was registered to receive central alerting system (CAS) updates. There had been no incidents involving medicines.

Good

Surgery

We looked at the medicines fridge and found daily temperature checks had been completed with no gaps seen from 1 December 2022 to the date of our inspection.

Medicines used by the clinic were provided through a service level agreement with a local pharmacy. All medicines were requested by the surgeon. All requests we looked at were dated and signed. Stock items were identified as 'for clinic use'. Client medicines contained the service user's name, date of birth, medicine being prescribed and instructions on the dose and frequency.

The registered manager checked all medicines as part of a monthly audit schedule, the audit included the quantity in stock, expiry dates, the date checked and by who and any comments.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and told us they shared lessons learned with the whole team however, we did not see documented evidence of this. Managers ensured that actions from safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the policy. There had been no serious incidents which required a statutory notification to CQC since the clinic opened.

Staff learned from safety alerts. The registered manager was registered to receive central alerting system (CAS) updates.

Staff understood the duty of candour. The service had a duty of candour policy which was in date.

The management team met to discuss incidents and look at improvements. Staff told us they received verbal feedback from investigation of incidents and any learning from these. However, there was no evidence of this. We discussed this with the registered manager who recognised that meeting minutes, where any safety incidents are discussed, would be beneficial for all staff.

Are Surgery effective?

Good

This was the first time we had inspected this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of service users subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Good

Surgery

We reviewed 14 clinical and non-clinical policies. These were all in date, produced in April 2022 with a review date of April 2023. In addition, policies were included in the monthly audit schedule. If any changes were required, the policies were updated, and the changes detailed within the audit. All policies had references to relevant legislation or best practice guidance. Policies also showed links to the key lines of enquiry used by the Care Quality Commission to ensure providers are meetings the requirements of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The pre and post-operative information was in line with the BAHRS clinical standards.

Nutrition and hydration

Service users were provided with drinks when required.

The BAHRS clinical standards state service users should be offered refreshments during their procedure. Service users we spoke with told us they were offered drinks and snacks whilst they were in the clinic. Additionally, they were also provided with a meal on the day of their procedure. This was chosen during the pre-operative stage.

The clinic also offered a range of food for people with special dietary requirements.

Pain relief

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

Staff assessed service users' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Service users received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

Patients we spoke with told us they were provided with suitable pain relief for post-operative use. They also said they were advised about the pain and discomfort they may experience.

Service user outcomes

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

Outcomes for service users were positive, consistent and met expectations.

The service collated outcome data and made changes to practice to where appropriate. Two audits monitoring the number of surgical site infections had been completed in January 2022 and April 2022. These had involved comparing the numbers of SSI with and without prophylactic antibiotics. The service found that the numbers of SSI reduced from 1% to 0.5% in service users who did not take post-surgery prophylactic antibiotics and therefore the use of this therapy was stopped.

A change to practice had also been made following a transaction rates audit completed in 2021. Transacted rates are the number of damaged grafts which cannot be used. BAHRS state that an approximate rate of 10% transacted grafts was acceptable. The service had a transaction rate of 7.1% using a pulsatile motor. The service compared these rates when using a continuous method and found the transaction rate improved to 2.41%. This resulted in a permanent change to practice.

Good

Surgery

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment and to ensure managerial oversight. Managers shared and made sure staff understood information from the audits, verbally but did not have documentary evidence of this.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of service users.

The surgeon employed by the service was a member of the British Association of Hair Restoration Surgeons (BHRS) and the International Society of Hair Restoration Surgery. We saw evidence of their most recent revalidation with the General Medical Council and that they had a responsible officer. In addition, we saw that the surgeon's most recent appraisal was undertaken 27 June 2022 and signed off by a member of The British College of Aesthetic Medicine.

During our onsite inspection we did not always see evidence that all recruitment checks had been undertaken in line with the requirements of schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We met with members of the management team and asked them to provide us with the recruitment details, they held, for four staff members. These were provided to us and included curriculum vitae including the names of referees, photographic identification, enhanced disclosure and barring service checks and health declarations. However, we did not see copies of two references. In addition to the four members of staff, we were also provided with evidence of the fit and proper person requirements for the director of the clinic.

During our inspection, we did not see evidence of appraisals in staffs' files. Following our inspection, we were provided with examples of four appraisals for staff members. These showed that the staff had received an appraisal within the last 12 months. There was evidence within the appraisals that staff and the director had the opportunity to discuss any development needs.

Managers gave all new staff a full induction tailored to their role before they started work. We did not see evidence of staff induction in the files we looked at on site. We were told these were held by the director. Following our inspection, four signed induction checklists were made available.

Multidisciplinary working

Staff worked together as a team to benefit service users. They supported each other to provide good care.

The clinic staffing included a medical professional, theatre technicians, administrative staff and the management team... If the surgeon recognised any mental or physical health problems, they would signpost the service user back to their GP prior to performing any surgery.

Seven-day services

The service was able to support timely service user care.

Due to the nature of the service, there was no requirement for seven days services.

Good

Surgery

Health promotion

Staff gave service users practical support and advice to lead healthier lives.

Service users were provided with a pre- and post-surgery advice booklet. This included health promotion information to support better outcomes following their surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported service users to make informed decisions about their care and treatment. They followed national guidance to gain service users' consent.

The surgeon gained consent from service users for their care and treatment in line with legislation and guidance. The Royal College of Surgeons professional standards for cosmetic surgery state that consent should be obtained in a two-stage process with a cooling-off period of at least two weeks between the stages to allow the service user to reflect on the decision. The MHR consent form included information about the required 14 day 'cooling off' period and consent forms we reviewed were compliant with this standard.

The surgeon made sure service users consented to treatment based on all the information available. The services consent form included relevant risks and potential complications which could result from hair transplant surgery.

The surgeon had recently completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Surgery caring?

Good

This was the first time we had inspected this service. We rated it as good.

Compassionate care

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

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

Service users said staff treated them well and with kindness.

Staff followed policy to keep care and treatment confidential.

Staff understood and respected the individual needs of each service user and showed understanding.

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

However, the service only had one toilet which was located on the ground floor. If a service user needed to use the toilet during their treatment, they had to go back downstairs to do so.

Good

Surgery

Emotional support

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

Staff gave service users emotional support and advice when they needed it.

Staff supported service users who became distressed and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of service users and those close to them

Staff supported service users to understand and make decisions about their care and treatment.

Staff made sure service users understood their care and treatment. They provided them with written pre- and post-operative advice and information. In addition, they regularly contacted service users following their surgery.

Staff talked with service users in a way they could understand, using communication aids where necessary. We heard an example of how they had supported people with different communication needs.

Service users could give feedback on the service and their treatment and staff supported them to do this.

Staff supported service users to make informed decisions about their care.

Service users gave positive feedback about the service.

Are Surgery responsive?

Good

This was the first time we had inspected this service. We rated it 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 service users.

The service had good transport links being based close to motorways and Manchester airport. They were open Monday to Saturday. Opening times varied between 9am and 8pm to allow flexibility in appointment times.

The facilities and premises were appropriate for the services being delivered.

Managers monitored and took action to minimise missed appointments. Staff told us they had never had anyone DNA (did not attend). Staff told us they arranged consultations and appointments in line with the client and surgeon's availability. Clients were also contacted pre-operatively to confirm their surgery arrangements.

Good

Surgery

Meeting people's individual needs

The service was inclusive and took account of service users' individual needs and preferences.

The clinic had a secure door entry system and a disabled toilet was available on the ground floor. The building did not have a lift and the theatre was located on the first floor; therefore, the clinic could not accommodate people who could not manage stairs. However, staff told us this was discussed with service users.

Information about the procedures offered by the clinic were available on their website.

The service did not have a hearing loop. However, staff were able to describe the actions they had taken to support a client with hearing difficulties.

The clinic did not routinely use an interpretation service and due to the nature of the service if this was required, the client would arrange this.

The clinic had processes in place to support people with dementia or a learning disability. Staff were able to give an example of this.

The theatre had a television, which service users could watch during their procedure. This is in line with the BAHRS clinical standards which state services should routinely provide their clients with audio-visual entertainment during their procedure.

Access and flow

People could access the service when they needed it and received care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge service users were timely and in line with the clinic's standards.

Clients could access the service quickly and at a time that suited them and their lifestyle.

Clients were self-referring and self-funded. An initial consultation and pre-operative assessment were completed prior to an appointment with the surgeon. Post operatively clients were contacted by the registered manager after three working days, they were then seen by the surgeon two weeks, three and ten months after their surgery. All clients had open access where they could contact the clinic at any stage between these appointments if they had any concerns or needed any advice.

The registered manager told us that DNA did not happen as clients were paying for their treatment. However, in the event of illness or an emergency appointments and surgery would be rearranged free of charge.

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 service users in the investigation of their complaint.

The service clearly displayed information about how to raise a concern. We looked at the complaints policy which was in date and contained relevant information to support staff when concerns or complaints were raised. The policy had references to relevant guidance.

Good

Surgery

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and service users received feedback from managers after the investigation into their complaint.

Managers and staff told us feedback from complaints was shared with staff and learning was used to improve the service. However, we did not see documented evidence of this.

Are Surgery well-led?

Good

This was the first time we had inspected this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for service users and staff. They supported staff to develop their skills and take on more senior roles.

The clinic was owned and run by the managing director. There was also:

- A registered manager who was responsible for regulatory compliance, governance and liaising with clients. This individual had completed a business management course.
- A clinic manager/nominated individual who supported the registered manager and was also the health and safety officer and responsible for the day to day running of the clinic.
- One surgeon contracted to perform hair transplant surgery.
- Sales consultants who were first point of contact for new clients.
- Receptionists.

Staff we spoke with told us the management team were friendly, highly visible and approachable.

The management team understood the risks and worked hard to ensure the clinic remained sustainable and provided highly quality, effective care and treatment.

Vision and Strategy

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

We reviewed the services business plan which included the vision and values, a mission statement and a strength, weaknesses, opportunities and threats (SWOT) analysis. The plan also included a strategy and implementation plan.

Staff we spoke with were aware of the vision and short, medium and longer term strategies for the clinic. The management team were aware of the need and to ensure they remained viable and sustainable in a competitive market.

Good

Surgery

Culture

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

Staff we spoke with were proud to work in the clinic. They told us they were supported by the managers and the clinic had a relaxed and friendly atmosphere.

We were told the management team were keen for staff to raise concerns and took these seriously.

All staff we spoke with were welcoming, helpful and keen to engage with the inspection process.

Governance

Leaders did not always operate effective governance processes; a number of processes had been implemented recently. More work was needed to ensure these were embedded to enable the management team to have robust oversight of the systems and processes. However, the management team showed a commitment to improve and staff at all levels were clear about their roles and accountabilities. The management team had regular opportunities to meet, discuss and learn from the performance of the service.

The management team met each week to discuss governance issues. The service had a clinical governance policy, which was in date and showed references to relevant guidance and other policies.

We looked at a 'minute book' which was the only documentary evidence of the governance meetings. This provided brief details of the discussions that had taken place. We saw bullet points such as policies, stock level, stock ordering, training, audit, cleaning timetable, service user satisfaction and staff wellbeing. However, there were no minutes to provide evidence of the content of these meetings.

The registered manager told us they provided individual staff with verbal feedback following the meetings and this was corroborated by the staff on the day of our inspection. Following our inspection, the managers told us they intended to create minutes going forward and these would be shared through emails to all staff and logged on the clinics shared drive.

The registered manager had implemented a comprehensive programme of monthly audits. These included audits of all policies, strategies, health and safety, the medicines fridge checks, the first aid kit, incident reporting, equipment checks, waste collection and the medicines cupboard. We saw that all audits were completed, this enabled the registered manager to have oversight and assurance. However, we did not see any documented evidence that any actions needed were shared with staff.

The service had a recruitment policy which stated all employees should have two references. We did not see these in the staff files we looked at.

The company indemnity insurance was displayed in the waiting room of the clinic.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and documented relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Good

Surgery

The registered manager had completed a number of risk assessments which were reviewed each month as part of the audit programme. These included assessments for display screen use, a fire risk assessment, infection prevention and control, lone working, moving and handling, new and expectant mothers, personnel protective equipment, stress risk assessment and violence and aggression. The documents identified the hazard, risk, actions taken and the owner. These had been created in December 2020 and were last reviewed in April 2022. The risks were not initially graded or regraded following actions to mitigate. The ongoing unmitigated risks were not used to create a risk register therefore it was unclear what the current risks were for the clinic.

The service had a whistle blowing, grievance and disciplinary policy. The disciplinary policy provided details on how any concerns relating to clinical practice or behaviours would be escalated to the relevant registering body, for example the General Medical Council.

Information Management

The service collected reliable data. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Staff were aware of the need to submit data or notifications to external organisations as required.

A secure ledger showed the number of surgeries performed including the conversion rates from consultation to surgery, transaction rates, extraction rates and surgical site infections. This data was used to monitor the quality and effectiveness of the surgery provided.

The clinic used a shared drive so all staff could access polices electronically. There was plans to use the shared drive for more governance processes, such as meeting minutes.

Engagement

Leaders and staff actively and openly engaged with service users and staff.

Staff we spoke with told us the management team, including the director, were relaxed but professional, visible, approachable and they would be happy to raise any concerns they may have with them.

Staff told us massage days, opportunities for days out and a car cleaning service were arranged by the management team for staff wellbeing.

One member of staff told us the director likes and radiates positivity.

No formal staff surveys were undertaken but staff were welcomed to provide ideas and feedback through the yearly appraisal process or at any other time.

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 clinic had recently undertaken an SSI research audit to determine the value and efficacy of prophylactic antimicrobial therapy post operatively. This had concluded that antimicrobial therapy was not seen to have a significant impact on the reduction of SSI and changes to practice had been made as a result.

Good

Surgery

The service monitored hair follicle transaction rates and had made changes to practice to ensure they were providing an effective high-quality service.

The management team told us they encouraged staff feedback to support new initiatives and to make improvements.

All staff we spoke with were passionate about continuous improvement.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service did not ensure all staff undertook all mandatory training in line with requirements for a health care setting. • The service did not ensure all equipment was stored safely. Some electrical equipment was stored near a water source. • The service did not have documented clinical procedures in place.

This section is primarily information for the provider

Enforcement actions

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.