

The Hair Loss Clinic (NW) Limited - Manchester

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good 

Are services well-led?

Good 

Overall summary

The Hair Loss Clinic (NW) Limited is an independent service provider that leases the location from Pall Mall medical centre. The clinic is located on the lower ground floor of the building and there is a service level agreement with the organisation that occupies the ground floor of the building. The service level agreement is for use of the rooms, waste disposal, equipment maintenance and consumables.

The clinic offers hair transplants and hair solutions to the general public, adults only. We inspected surgery as the main core service for this service.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 2 August 2018.

Summary of findings

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.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We had not rated this service before and we rated it as good.

We found good practice at the clinic

- There were effective systems in place to manage infection control and the clinic had not had any incidence of hospital acquired infection. Records were electronic and were regularly audited by the clinic. Staff had completed mandatory training and there was other training in place to support staff development.
- There were processes in place to keep patients safe during treatment including a surgical checklist and all staff were trained in basic life support.
- Consent processes were robust and there was an appropriate cooling off period for patients. The clinic had a process for the monitoring of patient outcomes. Pain was well managed during and after surgery.

- Staff were caring and patient's privacy and dignity was respected. The bedside manner of the surgeons was audited. Patient feedback about the service was very positive.
- Patients were able to choose their appointment times and were supported by a patient co-ordinator throughout the process. Provision was made for patients to stay in a hotel overnight before and after treatment if appropriate.
- The clinic had a vision for its services and there was an open culture. There was a governance committee that reviewed complaints, approved policy and looked at patient feedback.
- The surgeons had all had their appraisals and we saw that they were partaking in continual professional development to improve their skills and techniques. The surgeons had appropriate indemnity assurance.

We found outstanding practice

- The clinic collected patient feedback at all parts of their pathway and this information was used to improve the patient experience. We saw examples where the service had changed following patient feedback.

Following the inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Summary of each main service

Good



The clinic provided safe services to patients, there were infection control processes in place and staff had received training to deliver the services. Doctors were involved in continuing professional development to improve services. Consent processes were strong and patient outcomes were monitored in consistent way. Staff were caring and privacy and dignity was respected. Patients were supported by the clinic throughout their treatment and there was robust collection of patient experience which was used to improve services. There were governance structures in place and processes for practising privileges for the appointment of doctors to work at the clinic. The clinic had a vision for their service.

Summary of findings

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Good



The Hair Loss Clinic (NW) Limited

Services we looked at

Surgery

Summary of this inspection

Background to The Hair Loss Clinic (NW) Limited - Manchester

The service is a private clinic that provides hair transplants and hair solutions to the general public in Manchester city centre. Although it services the population of Manchester patients travel from across the country for treatment.

The regulated activities provided are surgical procedures. There has been a registered manager in place since October 2017.

We have not inspected the clinic before.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Nicholas Smith Head of Hospital Inspection

Information about The Hair Loss Clinic (NW) Limited - Manchester

The clinic provides hair transplants and hair solutions. In the period 1 June 2017 to 1 May 2018, the clinic had treated 185 patients.

During the inspection, we visited the clinic. We spoke with three staff who were employed by the company including the registered manager and a hair technician trainee. We also spoke with a doctor and a hair technician who were not employed by the company. We spoke with one patient. During our inspection, we reviewed three sets of patient records.

Two surgeons worked at the hospital under practising privileges. There was another doctor who undertook surgery. All procedures were undertaken using local anaesthesia.

The clinic also undertook scalp micro pigmentation treatment; this treatment is not subject to the Health and Social Care Act 2014 regulations and was not included in this inspection.

Track record on safety

No never events

Clinical incidents - none no harm, low harm, moderate harm, severe harm, or resulting in death

No serious injuries

Infection control.

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

No complaints

Services provided at the hospital under service level agreement:

Rent of rooms, maintenance of equipment, waste disposal and house keeping and provision of consumables.

Provision of medicines from a private pharmacy.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- There had been no hospital acquired infections at the hospital and there were effective infection control processes in place. Handwashing audits took place every week and all areas of the clinic were visibly clean and tidy.
- Patient records were electronic and were audited every month. Records were timed and dated appropriately. There was a medical records policy.
- The environment of the clinic was light and airy. The equipment used by the clinic was new and there were service contracts in place. There was a housekeeping and environmental audit and we saw that waste including clinical waste was disposed of appropriately.
- All staff, including the hair technicians who were not directly employed by the clinic, were trained in basic life support. There were always two other staff members with the surgeon during any procedure.
- All staff had completed their mandatory training including the hair technicians who were not employed directly by the organisation. The clinic provided mandatory training free of charge to these staff.
- There were enough appropriately trained staff to deliver care and treatment to the patients.
- There was a surgical check list that was completed before each procedure. We saw that this was audited and that any issues about the patient, for example, allergies were noted. Patient details were displayed on the white boards in the surgical clinics during surgery.

However, we also found the following issues that the service provider should improve:

- Incidents were not always recorded although they were sometimes discussed at governance and other meetings and informally between staff. The registered manager said that they would implement a more formal incident procedure following the inspection.
- There was no documented flow chart with actions for a deteriorating patient although staff knew what to do in case of an emergency.

Good



Summary of this inspection

- Medicines were not always disposed of appropriately although when we raised this at the inspection the registered manager said that they would address this immediately.

Are services effective?

We rated effective as good because:

- Staff at all levels of the organisation had received training to deliver appropriate care and treatment. The staff, hair technicians and doctors worked together to maintain their competencies and to appraise safe practice.
- There were strong consent processes in place with a cooling off period for patients of two weeks. Consent was audited as part of the patient records audit.
- Patient outcomes were monitored so that the doctors could see over a period of time that progress of the treatment. Unrealistic expectations about treatment were managed.
- Pain was managed during and following treatment and patients received a questionnaire so that the clinic could audit their pain scores.

Good



Are services caring?

We rated caring as good because:

- Staff were caring and privacy and dignity was observed.
- There was an audit of the bedside manner of the doctors and all patient feedback was very positive.
- Patients were reassured during procedures and made as comfortable as possible. There were comfort breaks and breaks for refreshments.
- A patient we spoke with said that staff had put them at their ease and that they were very caring.

Good



Are services responsive?

We rated responsive as good because:

- Surgery was booked to meet the needs of the patient and there were a number of patient surveys to determine patient satisfaction with the service.
- The clinic paid for patients to stay overnight before and after a procedure if they lived more than an hour away. Patients thought that this was invaluable.
- There was support and detailed information for patients following a procedure and each patient had a co-ordinator who they could contact if they had any problems.

Good



Summary of this inspection

- There was a complaints policy and a flow chart for staff and patients. There had been no written complaints to the clinic in the reporting period.

Are services well-led?

We rated well-led as good because:

- The clinic had a vision which was patient centred and the staff were aware of the vision. There was an open culture at the clinic and a focus on learning and improvement.
- There was a governance committee which was well attended by doctors and other staff at the clinic. They reviewed complaints and patient feedback and we saw that the service had changed in response to patient feedback.
- There were processes in place for practising privileges for doctors at the clinic and doctors worked together to improve their performance and improve their skills. All the doctors had an appraisal and appropriate indemnity insurance.

However

The risk register was based on health and safety risk and not clinical risk.

Good



Detailed findings from this inspection






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

Notes

Surgery

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

Are surgery services safe?

Good 

We rated safe as **good**.

Mandatory training

- There was mandatory training in place for staff and for the hair technicians who worked at the clinic. Training included infection control, basic life support and safeguarding for adults. We saw that all staff had completed this training.
- The hair technicians were not employed by the clinic, but were expected to complete mandatory training modules so that they could work at the clinic. This training was provided free of charge.
- Most training was completed on line; there was an electronic system that alerted the manager when mandatory training was due.

Safeguarding

- There was a safeguarding policy which was in date.
- Staff were trained in the safeguarding of vulnerable adults, however staff were not trained in the safeguarding of children and young people. We raised this at the time of the inspection and the registered manager told us that children very rarely attended the premises.
- Following a review of the guidance from the “Safeguarding Children and Young People: roles and competences for health care staff intercollegiate document, third edition March 2014” the registered

manager said that all staff including the hair technicians would have safeguarding training for children and young people included in their mandatory training and that this would be completed in the 14 days following the inspection.

- Staff were aware of how to recognise a safeguarding concern and how to escalate it.
- We saw that there were flow charts in the staff room for escalation of safeguarding concerns to the local authority and information about disclosure of female genital mutilation.

Cleanliness, infection control and hygiene

- There was an infection control policy that was in date.
- The clinic and the clinical areas were visibly clean and tidy. We saw that personal protective equipment was plentiful in the clinical areas and that staff used it. There were handwashing sinks and hand gel in all the clinical rooms. Handwashing audits were undertaken on a weekly basis, although not all actions had been completed following the audits.
- There had been no hospital acquired infections at the clinic. If a patient had been in hospital or seen a dentist in the six months before their procedure, they were screened for MRSA.
- The procedures were undertaken in a clean environment. Staff and patients wore appropriate theatre attire (scrubs) in the clinic areas.
- As part of the clinician audit patients were asked about the cleanliness of the treatment room and if the doctor

Surgery

washed their hands. For the months February, March, April and May 2018 the 40 patients involved in the survey agreed with the statements about cleanliness and hand washing being positive.

- On the induction check list for the hair technicians, there was guidance about infection control in the clinic rooms with advice about hand washing and wearing jewellery.
- The clinic had appropriate systems in place for patients with infections, such as human immunodeficiency virus.

Environment and equipment

- All instruments used by the clinic were single use.
- The clinic had recently changed their treatment couches following feedback from patients that the previous couches were uncomfortable. The registered manager told us that they could order equipment when they needed it and we saw that there were new lights for surgical use. The clinic had recently purchased a microscope to support treatment.
- Most of the equipment that we saw was less than a year old and had not had a portable appliance test. The manager told us that if appliances needed testing this would be carried out as part of the service level agreement that the clinic had with the landlord. The equipment was serviced by the manufacturers as part of a maintenance contract.
- There was a housekeeping and environment audit and part of this audit included checking appropriate waste disposal. We saw from the audit that there had been an issue with the overfilling of sharps boxes; we checked two sharps boxes on the inspection and they were not overfull.
- The clinic was located on the lower ground floor of the building and was airy and spacious and all rooms were air conditioned.

Assessing and responding to patient risk

- There was an emergency resuscitation grab bag located in the reception of a clinic which was one floor up from the hair loss clinic. This was maintained and checked as part of the service level agreement that the clinic had for goods and services. There were panic alarms in the

clinic rooms and if these were used, staff from upstairs would bring the bag down to the clinic. The manager told us that following the inspection, that there would be a grab bag available in the clinic in the future.

- The doctors and all the hair technicians were trained in basic life support skills and the clinic aimed to have two members of staff, apart from the doctors, who were trained in basic life support present during surgery. One of the hair loss technicians, employed by the clinic had been trained as a first aider.
- When a patient had agreed to surgery, a patient questionnaire was sent out to the patient for completion. The doctor went through this with the patient on the day of the surgery.
- A surgical safety checklist was completed before surgery commenced and following surgery. Surgical sites were marked and allergies were noted. Patient details were noted on white boards in the clinic rooms during treatment. There was a briefing with the hair technicians before surgery started.
- Patient's blood pressure was checked and their pallor was noted before surgery and patients were closely observed during surgery which would last approximately seven to eight hours.
- We saw that allergies were noted on the medical questionnaire that was sent out to patients. Patients were given antibiotics post operatively and allergies to antibiotics were noted and alternatives supplied if necessary.
- Blood tests were not routinely undertaken by the surgeons but women presenting with hair loss would have blood tests to exclude hormonal imbalance as a reason for hair loss.
- Staff told us that they would call an ambulance if a patients condition deteriorated. However, there was no documented flow chart for the deteriorating patient.
- If there was excessive bleeding during treatment, this was recorded on the patient record and the surgical safety checklist. However, it was not raised as an incident.
- Each patient had a patient co-ordinator as a point of contact with the organisation. Following surgery, if they had any problems they could contact the patient

Surgery

co-ordinator and they also had emergency phone numbers for their surgeons. If they were unable to contact anyone in an emergency, they were advised to attend their nearest urgent and emergency care service. No patient had ever attended their urgent and emergency care service following treatment. Patients were made aware in advance about what constituted a medical emergency.

Staffing

- There was a clinical manager who oversaw the surgeons diaries and undertook the day to day running of the clinic, a hair loss advisor, a trainee hair loss technician, a patient co-ordinator and an administration support worker who were employed by the clinic.
- Hair technicians were independently contracted from a pool of about 30 although the registered manager said that they usually used about ten hair technicians from the pool. This is industry wide and technicians were self-employed on an as and when basis for the majority of hair transplant services.
- Each procedure could use up to three hair technicians during surgery over a day.
- There were peaks in demand for the surgery mainly around Christmas time and the registered manager told us that they sometimes had concerns that they would not be able to get enough technicians to carry out booked procedures; because of this the clinic had employed a trainee hair technician who was substantively employed by the clinic.

Medical staffing

- There were two doctors with practising privileges who worked at the clinic and one doctor who had recently started to carry out procedures at the clinic. They were not substantively employed by the clinic.

Records

- There was a medical records policy that was in date.
- All records were electronic with electronic signatures for consent.
- All medical records were audited monthly and consent had been completed in every patient record. Records were timed and dated and signed appropriately.

Medicines

- Medicines were the responsibility of the doctors. The clinic used a private pharmacy and medicines were ordered so that they were available on the day of treatment. Each patient had a locker on the day of treatment which contained their theatre attire for the procedure and the medicines were placed in the locker for the patients on completion of treatment.
- Medication used for local anaesthetic use was stored appropriately between two and four degrees centigrade and that fridge temperatures were monitored and recorded appropriately.
- Patients had an electronic prescription which was scanned into their electronic system.
- Patients were offered one diazepam tablet following treatment to reduce their anxiety. If the patient did not require the medicine, the clinic retained it and disposed of it; this was recorded and signed for by two members of staff and recorded in the patient record. The registered manager said that they would also record this in the surgery log book against the appropriate procedure.
- We were not assured of the method of disposal of the diazepam and raised this with the registered manager during the inspection. The registered manager immediately agreed to change the disposal method.

Incidents

- There was an incident policy but there was no method of recording incidents and we were told that there had been no incidents in the last 12 months. When we spoke with the manager incidents were sometimes discussed informally, but not necessarily recognised as incidents.
- There was a section on the surgical check list for any incident that occurred during surgery.
- The incidents discussed were all no harm, but there was no recognition of the need to grade incidents and when to apply the duty of candour.

Are surgery services effective?

Good 

We rated effective as good

Surgery

Evidence-based care and treatment

- The clinic used guidance from the International Society of Hair Restoration Surgery. This organisation promotes best practice for this type of surgery.
- The clinic used guidance from the National Institute of Health and Care Excellence for infection control.

Nutrition and hydration

- As procedures lasted a long time, patients needed to have a drink and something to eat during treatment. On arrival at the clinic, patients were asked what they would like for lunch and a member of staff would go out and buy this.
- Surgeons liked the patients to have something to eat to maintain their blood sugar levels. Biscuits were available for staff and patients throughout the day.

Pain relief

- All patients were treated using local anaesthesia.
- All patients completed a pain score during and following surgery and this was audited. Patients were asked to score their pain between one and ten with one being no pain and ten being very painful. We saw that most of the scores from all patients from October 2017 to May 2018 were between one and four.
- As part of the surgical safety checklist, patients were asked if they required additional anaesthetic during the procedure.
- Patients were asked about pain in the patient satisfaction survey and the score from December 2017 from seven patients was 4.75 out of 5.

Patient outcomes

- Patients had an initial consultation with a hair loss advisor who would assess their suitability for treatment and assess how many hair follicles they would need to get the results they would expect to achieve following surgery. Photographs were taken and the patient accepted for treatment. The treatment plan for the patient was then be sent to the surgeon for approval.

- Patients completed a review every six, twelve and eighteen months to review hair growth progress against expected results and photographs were taken at each stage. The 18 month measure was the level of patient satisfaction with the treatment.
- If the patient was unhappy with the outcome and had engaged with the clinic at each stage of the process, then the surgery was repeated free of charge.
- Staff told us that patients sometimes had unrealistic expectations of what the surgery could offer and that these needed to be managed. The clinic said that they would not do anything that was unnatural.
- Patients were given a discharge summary to take to their G.P.

Competent staff

- The electronic system for recording mandatory training was also used to record competencies of staff employed by the clinic and training and competencies of the hair technicians used by the clinic.
- Doctors who perform hair transplants do not have to be surgeons but have to be registered with the General Medical Council, all the doctors were appropriately registered. All the doctors were members of the International Society of Hair Restoration Surgery This organisation promoted good practice and provided medical education to the doctors.
- There was a clinical supervision policy and the doctors worked together to maintain their competencies and to appraise safe practice. The doctors did this at least every six months. One of the doctors was very experienced and supported the other doctors in their practice.
- Some of the staff members and the hair technicians were also members of the International Society of Hair Restoration Surgery and had received training from the organisation.
- The newly appointed technician had a training programme and worked under the supervision of the doctors and the hair technicians to develop their competencies; these would be signed off by the doctor when they were deemed competent.
- The registered manager was due to attend a trichology course as part of their training.

Surgery

- There was an induction programme for new staff and we saw that this had been completed for the newly appointed technician.

Multidisciplinary working

- Staff said that they worked well together. Some of the surgeons preferred different hair technicians and the registered manager would try to meet these preferences.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The clinic had a consent policy which was in date.
- Once the patient had agreed to the treatment a consent form was sent to them to complete. Patients were asked to bring the consent with them on the day of surgery and a copy of the consent was sent to the patient seven days before the procedure. Consent was then confirmed immediately before surgery.
- A patient described how they had been consented for the surgery and the cooling off period.
- There was usually a gap of six weeks between the first consultation and the surgery, but there was always a cooling off period of two weeks. Consent was well documented and we saw that information given to patients included any side effects of the treatment.
- We saw that there was consent obtained for the photographs used to show the progress of the treatment.
- The clinic would not accept or treat any patient who did not have full capacity to consent for treatment.

Are surgery services caring?

Good 

We rated caring as good.

Compassionate care

- Staff were caring and that they respected the privacy and dignity of the patients.
- The clinic had a privacy and decency policy.

- As part of the surgical safety checklist, one of the questions was had the staff introduced themselves by name to the patient.
- There was a clinical audit about the bedside manner of the doctors. Patients were asked about the bedside manner of the doctor, if they were treated with privacy and dignity and if the doctor met the needs of the patients. The clinic audited ten patients a month and in February, March, April and May 2018 that all patients surveyed agreed with the statements.

Emotional support

- The trainee hair technician was available to meet and greet patients on arrival at the clinic. They introduced themselves and tried to put patients at their ease. They went into the clinical room with the patient and said that they would stay with the patient if they wanted them to.
- During our inspection staff reassured patients about the procedures and supported them during the treatment.

Understanding and involvement of patients and those close to them

- The treatment time in surgery could be up to seven hours and staff told patients that they could break or stop the procedure if they wanted some refreshments or a comfort break. There was a break for lunch. Staff made patients as comfortable as they could.
- We spoke with a patient who was having surgery on the day of the inspection; they told us that the staff were caring and made them feel at ease. They said that they had been fully informed about the procedure and said that the process had been transparent.
- Each patient had a patient co-ordinator for support.

Are surgery services responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

Surgery

- The clinic was open five days a week from 8am to 7pm and on Saturdays from 10am to 2pm, although if there were no patients booked into the clinic not all staff were on site. If clinics ran late, one of the staff was a key holder for the building.
- There were three clinical treatment rooms, a patient changing area, patient toilets, a consultation area and a waiting area. Although the clinic was on the lower ground floor, it was light and airy and well furnished.
- There are two methods of hair transplantation; follicular unit transplant and follicular unit extraction. In follicular unit extraction individual follicles are extracted and then implanted into small excisions in the patient scalp. This is a very time consuming process for both the doctor and the hair technicians. The hair technicians agreement stated that they would work with between 700 and 750 follicles in a session which was why three technicians would sometimes be used in a session. The Manchester clinic only did follicular unit extraction .
- Patients travelled from across the country for surgery and if the patient lived more than an hour away from the clinic, they were put up in a nearby hotel overnight. The patient we spoke with said that this was invaluable as they lived a distance from the clinic. Following surgery they said that they would not have liked to have driven home.
- Patients were provided with a discharge pack and very specific instructions about about hair care in the immediate post operative period. The discharge pack contained saline, a neck support, shampoo, a sponge and swabs in case of any bleeding. Patients were also given a protein supplement to promote hair growth.
- Each surgeon had a leaflet for patient's with do's and do not's following surgery; there were contact numbers if patients needed to ask advice and each patient had a co-ordinator who they could contact.
- The clinic undertook a number of patient surveys to determine patient satisfaction.

Meeting people's individual needs

- If a patient with limited mobility attended the clinic, staff said that they would undertake treatment in one of the clinical rooms upstairs as there was no lift down to the clinic.

- While most patients who attended the clinic were male, the clinic did treat female patients and had treated trans-gender patients.
- Patients from an afro-caribbean background would be asked to undergo a patch test to determine which was the most appropriate procedure for their hair. This type of hair made it unsuitable for one of the methods of hair transplantation.

Access and flow

- Patients were booked in for treatment several weeks ahead of their surgery date. Once the procedure was confirmed with the doctor, hair technicians were contacted to cover the procedures. Sometimes there were three hair technicians for each procedure.
- There were times of the year when patients opted to have treatment and one of these times was before Christmas. The registered manager said that they sometimes had concerns that they would not be able to get enough technicians to cover the procedures and that was one of the reasons why the clinic had decided to train their own hair technician.
- The clinic had never had to cancel surgery.

Learning from complaints and concerns

- The clinic had a complaints policy and we saw a flowchart for complaints.
- Complaints could be verbal or written and the policy stated that complaints would be acknowledged in a week and complainants would receive a response in four weeks or a progress report.
- The clinic told us that there had been no complaints either verbal or written in the reporting period 1 June 2017 to May 31 2018.
- Complaints was an agenda item on the the clinical governance meeting agenda and the staff meeting agenda.

Are surgery services well-led?

Good 

We rated well-led as good.

Surgery

Leadership

- There was a registered manager for the Manchester clinic. There was another clinic in Nottingham and offices in Warrington. The registered manager worked between the two clinical sites and the office. There was also a clinic manager who was dedicated to the Manchester site.
- The leadership at the clinic was strong and visible. There was also strong medical leadership from the more experienced surgeon.
- There were clinic values that had been developed through the clinical governance committee.

Vision and strategy

- The clinic had a vision and strategy which was to provide an excellent patient experience by treating suitable patients, using best practice and having the best employees.
- Staff were committed to this vision including the hair technicians.

Culture

- The clinic promoted an open culture between staff and staff could challenge the doctors if they felt that this was appropriate.
- There was a culture of learning at the clinic. The organisation was quite new and the registered manager said that the service was continually developing and evolving. Staff were committed to the improvement of the patient experience.
- We spoke to a member of staff who told us that they enjoyed working at the clinic. The hair technicians could work at any clinic they wanted to and so chose to work at this location.
- Although some of the hair technicians were not employed by the clinic, there was an investment in their training and development from the clinic.

Governance

- There was a clinical governance committee who met every three months. A representative surgeon was invited to attend with no less than two meetings to be attended by each operating surgeon every year. We saw the minutes of the meeting from 13 March 2018 which

was well attended. Agenda items included clinical incidents, complaints, patient feedback and technician availability. The risk register was not an agenda item for this committee.

- Clinical issues were addressed and policies were ratified by this committee.
- There were operational meetings every month and agenda items and issues raised at this meeting could be put onto the clinical governance meeting. The surgeons were not part of this meeting but the hair technicians could attend if they wanted to.
- If a surgeon wished to apply for practicing privileges at the Manchester clinic, they had to apply in writing to the registered manager and the application was an agenda item on the clinical governance committee for consideration. New surgeons could only provide services to patients once they had their practising privileges approved by the practising members of the clinical governance committee.
- Practising privileges were reviewed every two years and surgeons could only apply to carry out procedures that was in their normal scope of practice. There was a practising privileges agreement that was signed by each surgeon.
- The three doctors who worked at the clinic were all registered with the General Medical Council and had indemnity insurance.

Managing risks, issues and performance

- Staff records demonstrated that the surgeons all had experience in hair transplantation and that they used clinical supervision to appraise each other and to develop their skills. They used the process to look at evidence based practice and new techniques.
- All of the surgeons had completed their appraisals. All had evidence of continuing continuous professional development for hair transplant surgery and there was a process for revalidation.
- There was a risk register however there were health and safety risks on the agenda and not clinical risks. The risk register was not on the agenda of the clinical governance committee.

Surgery

- Hair technicians and surgeons fed back about each others performance to the registered manager and this was shared to improve quality and performance.
- The registered manager gave examples of how they managed poor performance.

Managing information

- The registered manager had completed a course on information governance and that the hair technicians had to sign confidentiality agreements as part of their agreement with the clinic.
- Patient records were stored on a secure database.

Engagement

- Following patient feedback, the clinic had started to contact patients 21 days after surgery to check on

progress. They were sent a questionnaire. Previously the first contact following surgery was at six months and patients had fed back that this was a long time and that they felt that they most needed support in the immediate weeks following the procedure.

- Patients could post comments on an online forum about their experiences of the clinic.
- There was good staff engagement with regular staff meetings. As the clinic was small there was good communication between staff and all staff shared the same staff room.

Learning, continuous improvement and innovation

- There was a culture of improvement at the clinic and investment in the training of staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should review incident reporting processes and policy to include the recording of incidents , incident grading and the application of the duty of candour.
- The provider should review the disposal processes for medicines.
- The provider should implement plans to train staff to level one training in safeguarding children and young people.
- The provider should review the risk register to reflect clinical risks and review the governance arrangements for monitoring these.
- The provider should have a flow chart for the deteriorating patient.