

Juvida Clinics

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?

Requires improvement 

Overall summary

Juvida Clinics is operated by Juvida Clinics Ltd.

Juvida Clinics was opened in October 2016 to serve as an independent private clinic offering hair transplant treatments. The building had two floors with the ground floor delivering treatment for patients and the second floor for staff only.

The clinic offers hair transplants and hair solutions to the general public, adults only.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice element of the inspection on 3 July 2019 along with an additional visit to the clinic on 8 July 2019 in order to gather further evidence to rate the caring domain.

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.

Summary of findings

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 previously rated this service. We rated it as **Good** overall.

- We were assured all staff had undertaken mandatory training.
- We were assured all staff had undertaken safeguarding training.
- Staffing levels were safe.
- We saw evidence of audits in place.
- There was a policy for managing the deteriorating patient.
- There was learning from incidents.
- There was evidence the service used national guidance for cosmetic surgery.
- Staff were caring, and patients' privacy and dignity was respected.

- The service followed guidance for consent.
- The service provided additional support for individuals with physical or mental disabilities.
- The service held staff meetings and we saw evidence of staff involvement in running the service.
- Leaders understood the challenges of maintaining and improving quality.

However:

- We were not assured that there were effective governance structures in place, especially in relation to clinical governance of the medical staff.
- The clinic did not have a strategy for what it wanted to achieve and how.

Ann Ford

Deputy Chief Inspector of Hospitals (area of responsibility), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Surgery was the only activity of the service. We rated this service as good because it was safe, effective, caring and responsive. However, we were not assured that there were effective governance structures in place, especially in relation to clinical governance. There was a breach of regulation 17. Details are at the end of the report.

Summary of findings

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Good 

Juvida Clinics

Services we looked at

Surgery

Summary of this inspection

Background to juvida clinics

Juvida Clinics is operated by Juvida Clinics Ltd. The service opened in 2016. It is a private clinic in Skipton, North Yorkshire.

The clinic offers a specific type of hair transplant service.

The clinic serves local communities and also accepts patient referrals from outside this area including from outside the United Kingdom.

The service was registered to provide the following regulated activities:

- Surgical procedures

There has been a registered manager in place since the clinic opened in 2016.

We have not inspected the clinic before.

Our inspection team

The team included a Care Quality Commission (CQC) lead inspector and one supporting CQC inspector. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about juvida clinics

The service provides surgical hair transplants. From 1 June 2018 to 1 June 2019, the clinic treated six patients. During the inspection, we visited the clinic and spoke with ten staff members, including the registered manager. Three of the staff members were not employed permanently by the service but worked as required when there was patient treatment booked, this included one surgeon and two hair technicians. We reviewed seven patient records. All procedures were undertaken using local anaesthesia.

Track record on safety:

- The service had not reported any never events.
- The service had not reported any clinical incidents.
- The service had not reported any serious injuries.
- The service had not reported any complaints

Infection control. There were no reported incidences of hospital acquired infections.

Services provided under service level agreement:

- Clinical and or non-clinical waste removal.
- Maintenance of electrical equipment.
- Domestic waste.
- Maintenance of medical equipment including restoration robotics.
- Autoclave steriliser.
- Fire and security alarms.
- IT support.
- Staff training and development.
- External environment maintenance.
- Building maintenance.
- All contracts were up to date.

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?

The location had not been previously inspected. We rated safe as

Good because:

- Safety systems, processes and standard operating procedures were fit for purpose.
- Staffing levels were safe.
- We found the environment was visibly clean, and systems and processes were in place to control infection and promote hygiene.
- There was a policy for managing the deteriorating patient.
- We were assured all staff had undertaken safeguarding training.
- There was evidence of audits for hand hygiene.
- There was learning from incidents.
- The service used the World Health Organisation (WHO) surgical safety checklist
- Safety was a priority. There was measurement and monitoring of safety performance.
- There was evidence of learning from events or action taken to improve safety.

Good



Are services effective?

The location had not been previously inspected. We rated effective as **Good** because:

- There were audits in place to ensure the provider was assured that policies and procedures were being followed and were effective.
- People's care and treatment reflected current evidence-based guidance, standards or practice.
- There was monitoring of the outcomes of care and treatment.
- The service followed guidance for consent.
- Staff monitored patients' pain and responded appropriately.
- Staff ensured patients received adequate refreshments.

Good



Are services caring?

The location had not been previously inspected. We rated caring as **Good** because:

- Staff were caring, and patients' privacy and dignity was respected.
- Feedback received from patients we spoke with was consistently positive about the care they had received.

Good



Summary of this inspection

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

The location had not been previously inspected. We rated responsive as **Good** because:

- Reasonable adjustments were always made.
- The service provided additional support for individuals with physical or mental disabilities.
- There was support for individuals who did not speak English.
- Surgery was booked to meet the needs of the patient.
- There were no complaints made regarding this location.

Good



Are services well-led?

The location had not been previously inspected. We rated well-led as **Requires improvement** because:

- We were not assured that there were effective governance structures in place, especially in relation to clinical governance.
- The clinic did not have a written strategy.

However,

- Leaders had the necessary experience and knowledge to lead effectively. Leaders understood the challenges of maintaining and improving quality and sustainability.
- Staff told us the registered manager was visible and available when needed.
- There was engagement with staff and patients. Staff stated they felt supported.
- There was evidence of systematic performance management of individual staff.

Requires improvement



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	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Notes

Surgery

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

Are surgery services safe?

Good 

The location had not been previously inspected. We rated safe as **good**.

Mandatory training

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

- We saw evidence that all staff had received comprehensive mandatory training which was applicable to their role. This included fire safety, manual handling, control of hazardous substances (COSHH), infection control, sepsis prevention and data protection. We reviewed nine staff files which evidenced 100% compliance against a 90% target.
- Training information included information from external sources where staff were self-employed.
- All staff, including the hair technicians who were not directly employed by the clinic, were trained in basic life support. This procedure was undertaken with local anaesthetic only. There were always two other staff members with the surgeon during any procedure.
- All staff had undergone induction training and completed a checklist which we saw stored in staff files.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

- We reviewed nine staff files which evidenced that all staff had received level 2 safeguarding children and adults training.
- Adult safeguarding training was in line with the national guidance of The Intercollegiate Document Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.
- Children's safeguarding training was in line with the national guidance of The Intercollegiate Document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, published in January 2019.
- The manager knew that all safeguarding training had to be undertaken every three years and systems were in place to review this.
- Practices in place to safeguard adults and children from avoidable harm, abuse and neglect reflected relevant legislation and local requirements. The clinics safeguarding policy was in date and accessible to staff. There was a clear process to follow if a staff member suspected abuse. All staff we spoke with could tell us how they would put the policy into practice.
- We saw that safeguarding information for staff had details of links to the local statutory agencies such as the police and the local authority.
- The policy detailed all types of abuse which included domestic abuse, female genital mutilation, organisational abuse and modern slavery as outlined in the Intercollegiate Document Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.

Surgery

- The clinic had a safeguarding lead that was also the practice manager; they had completed level three safeguarding children and adults training.
- Staff we spoke with understood their role when there were potential concerns with an adult who may also be a parent or carer.
- The clinic had an up-to-date chaperone policy in place which staff knew how to access.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections.

- The type of hair transplant carried out at Juvida was a clean and not a sterile procedure. Therefore, some of the national guidance for theatre was not applicable such as ventilation systems.
- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- We saw a checklist was in place, which confirmed the clinic was cleaned daily. There was a cleaning log in theatre which listed all the equipment that must be cleaned in preparation and ahead of the start of each operation list. There were signatures present to indicate cleaning had been completed. A deep clean took place following every procedure.
- Flooring throughout the clinic was well maintained and visibly clean. Flooring in the procedure rooms, consultation rooms and recovery rooms were in line with national requirements (Department of Health, Health Building Note 00-10 Part A: Flooring 2013).
- There was access to hand washing facilities, hand sanitising gel, and personal protective equipment (PPE) such as gloves and gowns, in all areas. Gloves were available in all sizes and were latex and powder free.
- We saw evidence of hand hygiene audits being completed using a tool with 100% compliance being demonstrated.

- We saw clinical staff adhere to the service's 'arms bare below the elbow' policy. This is an infection prevention and control (IPC) strategy to prevent the transmission of infection from contaminated clothing and enables clinicians to thoroughly wash their hands and wrists.
- From March 2018 to February 2019, the service reported no surgical site infections resulting from surgeries.

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 premises were well designed, maintained and had adequate facilities for the hair transplant surgeries and consultations provided.
- The environment was planned to create a spa like relaxing environment to alleviate patient anxiety.
- We looked at various pieces of equipment in the clinic and found that all equipment we looked at had been maintained within the last 12 months. This included the blood pressure monitor and follicle harvesting equipment.
- The small fridge used to store hair follicles had been maintained within the last 12 months and had been checked daily. Staff told us that they would know what to do if the temperature fell out of range.
- The clinic used a robotic machine which had international recognition to assist in some transplant procedures. This was tested on a daily basis and maintained regularly by the manufacturer. All clinical staff had received training and had regular updates.
- We looked at the resuscitation equipment located in the clinic. There were emergency drugs for anaphylaxis and other acute conditions. We saw that the defibrillator had been maintained. There were emergency masks and oxygen available. This equipment was checked weekly and was up to date.
- We found clinical waste and domestic waste suitably stored in separate foot operated bins with clear labels to distinguish the two. Sharps bins were clean dated and were not overfilled.

Surgery

- Clinical waste was stored outside in a lockable bin. There was a contract in place for removal of clinical waste with a third-party provider.
- We saw that there were effective systems in place for cleaning equipment.
- We were assured that fire safety equipment was fit for purpose. This included fire extinguishers, fire alarm system, heat and smoke detectors, and emergency lighting. We saw a recent certificate confirming this from an external fire safety provider.
- We completed a fire safety walk through the clinic and found no obstructions to prevent patients or staff leaving the building safely.
- There was lockable storage for 'control of substances hazardous to health (COSHH) with appropriate signage.
- There was a back-up power supply to mitigate a mains power failure.

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 consultant did not leave the clinic until the patient had been discharged to ensure post-operative wellbeing.
- All patients treated at the clinic had undergone a pre-operative consultation and assessment and had access to their consultants and the services telephone number, in case they needed to contact someone for follow up advice and/or treatment.
- Surgeons would carry out a psychological assessment on their patients to determine if a patient was suitable for surgery.
- The consultant contacted the patient's general practitioner. We heard an example where a patient had a chronic disease which did not prevent the procedure being carried out, but the doctor checked with the patient's own general practitioner and hospital consultant to ensure all information was correct.
- All hair transplants were day case procedures. Upon discharge, patients were handed printed guidance on do's and don'ts and a helpline number which was

specific to their surgery and surgeon. All patients were telephoned within 24 hours of their discharge as per British Association of Day Surgery guidelines to ensure patient welfare.

- There were arrangements in place to ensure patient safety checks were made prior to, during and after surgical procedures were completed. This was in line with national recommendations (National Patient Safety Agency (NPSA) Patient Safety Alert: WHO Surgical Safety Checklist January 2009). We observed that staff adhered to a modified WHO safety checklist which was applicable to the service provided, and checklists were completed in the patient records we reviewed. This had been audited in February 2018 and only 30% had been completed. This had been repeated in July 2019 and this had risen to 100%.
- We observed that the clinic had pressure relieving equipment including an appropriate treatment couch to reduce the risk of pressure sores.
- Patients could initiate a break in treatment at any time in the procedure to move position or visit the toilet.
- We saw that regular observations of blood pressure and pulse had been completed during the procedure we observed and in six previous patient records.
- There was a policy in place to care for the deteriorating patient if required which was in date.

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. We were told that locum staff had a full induction.
- Due to the nature of the procedure, nursing staff and hair technicians were employed on a locum basis according to the needs of the service.
- We saw that the hair technicians had received training in their specialism and worked for other providers for a wide range of experience.
- There was enough staff to make arrangements to cover any short-term sickness.

Surgery

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Medical staff were not employed by the service. All consultants were recommended to the service by word of mouth.
- We saw that medical staff had the correct qualifications and experience to undertake hair transplant procedures at the clinic. There was a system for checking these.
- All medical staff worked under practising privileges. Practising privileges is a term used when doctors have been granted the right to practise in an independent service. We saw that there was a process in place to regularly review these and request up to date training, indemnity insurance and disclosure and barring status. We saw up to date information on all staff in the staff files.
- Consultants' contact numbers (surgeons' personal/emergency number) were readily available to the clinical staff. A record of these was maintained centrally within the clinic.

Records

Staff kept detailed records of patients' care and treatment. Records were clear and stored securely.

- 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.
- Surgeons typed the patient treatment notes electronically. These were printed, inserted into patient records and stored in locked filing cabinets. Patient records and documents were then transferred to a hard drive and deleted from the computer.
- All patients were seen with their relevant medical records, medical records were not taken off site at any time. The service reported that all patients in the period between March 2018 to February 2019 had been consulted, treated and records were in place.
- We reviewed six patient records which contained all relevant patient information and had been appropriately signed and dated

- Patient records were loose in an individual paper file, so that letters and charts could easily slip out. We highlighted this at the time of our inspection. This had not been addressed at the time of our second visit.

Medicines

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

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- We reviewed the process around administering medicines and were assured that this was safe.
- We saw that medicines were stored safely and in date.
- There were processes in place for stock rotation. Only medicines for the procedure and emergency drugs were kept in the clinic.
- The clinic did not keep controlled drugs.
- We observed in date medicines stocked in the clinic used to treat patients with systemic toxicity from local anaesthetics. We saw that these drugs were checked weekly for expiry dates.
- The service ordered medicines from a local external pharmacy provider as and when required.
- We reviewed seven medicines records which had been completed in full and included the patients' allergy status.
- The clinic completed an annual medicines management audit which gave assurance around safe storage and handling. There were no outstanding action plans at the time of our inspection.
- There was an oxygen cylinder as part of the resuscitation equipment. This was in date and we saw a contract with a national provider.

Incidents

The service knew how to manage patient safety incidents well. Staff knew how to recognise and report incidents and near misses.

Surgery

- There had been no incidents reported to CQC in the reporting period of March 2018 to February 2019. We saw that processes were in place, that managers knew how to investigate incidents and share lessons learned with the whole team and the wider service.
- When things went wrong, staff knew how to apologise and to give patients honest information and suitable support. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Staff we spoke with understood about the Duty of Candour requirement but had not had the opportunity to implement it as we were told there had been not relevant incidents reported. They were able to give us examples where it might be used.
- Incidents were reported on a paper-based form, which all staff had access to and were familiar with. The form included the date, time and description of the incident, consultant details, patient registration number, immediate action taken following the incident and time reported to registered manager.

Are surgery services effective?

Good 

The location had not been previously inspected. We rated effective as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

- Guidance included the clinical guidelines British Association of Hair Restorative Surgery (2015) and the International Society of Hair Restoration Surgery (2013).
- The Manager checked to make sure staff followed guidance through clinical audits which were discussed at team meetings.
- We saw a wide range of policies which were applicable to the service.

- New guidance was discussed at team meetings as an agenda item.
- Not all policies had a renewal date evident on the document. We were informed that this information was kept separately which we observed.
- Some staff had not signed as having read the policies. We highlighted this at the time of our inspection and the leadership team said they would ensure this was acted upon.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

- Patients could request what they would like for their lunch.
- Patients were offered drinks at all stages of the procedure.
- There was a focus on keeping the patients comfortable during a long procedure, so patients were offered snacks such as biscuits. Staff explained the importance of this to the patient.
- The service made adjustments for patients' religious, cultural and 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.

- We observed staff asking the patient about pain at all stages in the procedure. The patient was encouraged to tell staff if there was discomfort, and if so the local anaesthetic was adjusted appropriately.
- Patient pain was documented in the peri-operative care plan.
- Instructions were given before and on discharge about what to do if discomfort became significant.
- Mild analgesia was routinely given for the patient to take home.

Patient outcomes

Surgery

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

- Patients were seen post-surgery at three, six and nine month intervals with a further review at one year. The progression of their hair transplant was reviewed to ensure it was as expected from the surgical aspect and the patients' perception of the hairline.
- Patient outcomes in hair transplant surgery can be subjective and depend on individual patient preferences. The clinic used a measurement of graft yield, the number of attempts to harvest hair grafts versus the actual number of viable grafts yielded; this is normally calculated during surgery. The aim is to achieve over 95% yield of viable implants grafts.
- We spoke with one patient on inspection and six patients on the telephone who were at various stages post-transplant. All were satisfied with the outcome of their hairline.

Competent staff

The service ensured staff were competent for their roles.

- Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Managers told us the surgeons were skilled, competent and experienced to perform the treatments and procedures they provided. We saw evidence in staff files that their experience and competence was documented.
- Managers told us support staff which included hair technicians and patient co-ordinators were competent and experienced for their role. We saw evidence of further training and attendance at events specific to their specialism.

Multidisciplinary working

The healthcare professionals providing regulated activities worked together as a team to benefit patients.

- The team worked well together, with care and treatment delivered to patients in a coordinated way. We observed

positive working relationships between medical staff, coordinators, technicians and administrative staff. Staff told us they worked closely together to ensure patients received person-centred care and support.

- Treatment provided was consultant-led. All team members were aware of who had overall responsibility for the care of each patient.
- If there were health issues which required clarification, the patient's general practitioner and if appropriate hospital consultant was contacted for further information.
- Team meetings took place within the clinic. We were told that there were plans to include staff via video link who did not live near the clinic.

Seven-day services

- The clinic was open Monday to Friday with operating days being on a Monday, Wednesday and Friday. The clinic offered the flexibility of a Saturday appointment around patient needs.

Health promotion

- Staff gave patients practical support and advice to maintain scalp hygiene.
- We saw and heard advice given which was specific to the hair transplant procedure. This included scalp hygiene and sun protection.
- We saw that the clinic website included articles which promoted scalp hygiene and treatment of dandruff.

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.

- Patients under the age of 18 were not treated at the clinic.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Consent was obtained in line with national standards (Royal College of Surgeons (RCS) Professional Standards

Surgery

for Cosmetic Surgery April 2016). Consent was obtained in a two-stage process. Seven patient records we reviewed showed that they had waited a minimum of two weeks between consultation and surgery.

- Written consent was formally taken on the day of surgery. Consent was always taken by the operating surgeon at both stages.
- We observed consent obtained from one patient. The surgeon explained the procedure thoroughly and ensured the patient understood all stages. We reviewed seven completed consent forms. These were signed and dated by the patient and the operating surgeon. The consent forms were comprehensive and included details of the planned surgery, intended benefits, potential risks and complications. The first stage of consent was documented as an electronic signature. We saw that this had been obtained in all cases but was not printed out and stored in the paper patient records.

Are surgery services caring?

Good 

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

The location had not been previously inspected. We rated caring as **good**.

Compassionate care

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

- Staff cared for patients with compassion. Feedback from six patients who had received services confirmed that staff treated them well and with kindness.
- Patients' privacy and dignity needs were understood. Appropriate clothing such as gowns were provided, where necessary.
- There was a strong, visible patient-centred culture. Staff were motivated and inspired to provide care that was kind and promoted patient dignity. We saw staff took

the time to interact with people who used the service in a polite, respectful and considerate way. Staff introduced themselves to patients and made them aware of their role and responsibilities.

- We saw that the financial aspect of the treatment was discussed sensitively and took into account patients own circumstances.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- Patients were given appropriate and timely support and information. All patients were given the surgeon and patient coordinator's personal mobile numbers, who they could contact if they had any concerns or questions.
- Staff we spoke with understood the psychological issues faced by some patients with their body image. The clinic was planning to do specific training on this for non-clinical staff.
- We saw that all staff understood patient anxieties before the procedure and took time to fully explain the process and reassure the patient.
- We saw that all staff were kind and caring at every stage of the procedure.
- All patients we spoke with had been told who they should contact if they had any concerns following their surgery.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- Treatment in surgery could last a full day and patients told us that they could stop the procedure if they wanted refreshments or a comfort break. There was a break for lunch.
- We observed staff making sure patients were comfortable.

Surgery

- We spoke with a patient who was having surgery on the day of the inspection; they told us that the staff were caring and had made them feel at ease. They said they had been fully informed about the procedure and that the process had been transparent.
- Patients could bring family members or carers for support.

Are surgery services responsive?

Good 

The location had not been previously inspected. We rated responsive as **good**.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

- The service planned and provided services in a way that met the needs of the patients.
- The facilities and premises were appropriate for the services delivered. There was a large waiting area on the ground floor with one consultation room and two treatment rooms. This was sufficient for the number of patients who attended the clinic.
- We saw there was adequate car parking for staff and patients.

Meeting people's individual needs

The service took account of patients' individual needs and provided holistic care.

- The appointment system was easy to use and supported people to access appointments. Patients could arrange an appointment by phone or make an enquiry via the clinic's website. The on-line enquiry form was easy to use.
- We observed that the surgeon clarified the patients' expectation of the procedure pre-operatively. The patient then consented to surgery once the surgeon was satisfied that they could meet patient expectations.
- The service offered multiple consultation appointments until the patient was happy with their treatment plan.

- Reasonable adjustments had been made so that people with a disability could access and use the service. All patient areas were on the ground floor with wheelchair access and a disabled toilet.
- Patients were given a choice of light meals, which took account of their individual preferences, respecting cultural and personal choice.
- Arrangements were made for patients to stay overnight in a local hotel if required. The clinic staff transported patients to and back from the clinic and ensured all their needs were met whilst at the hotel.
- Patients who arrived by train were given the option to be collected from the local station.
- Translation services were available, and staff knew how to access them.
- Staff told us at the 12-month review of the procedure, if the patient did not like the hairline then this could be altered at no extra cost.
- There was no hearing loop available for patients with a hearing loss or information suitable for visually impaired patients. Staff were unsure if the translation services included British Sign Language.
- Staff ensured that patients from abroad had arrangements to stay at a local hotel.

Access and flow

People could access the service when they needed it and receive care in a timely way

- Patients could arrange an appointment by phone or on the provider website which was easy to use.
- There were no waiting times as all procedures were pre-planned.
- Patients had timely access to consultations, treatment and after care. Most patients undergoing hair transplants waited a minimum of two weeks between consultation and procedure. This 'cooling off' period was in line with national recommendations (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery April 2016).

Surgery

- There had been one case where surgery was cancelled for a non-clinical incident in the reporting period of 1 March 2018 to 1 February 2019. The patient had been offered another appointment within twenty-eight days.

Learning from complaints and concerns

It was displayed and explained to patients how they could give feedback and raise concerns about care received.

- There were no complaints recorded between March 2018 and Feb 2019 regarding this service.
- Information on how to make a complaint was given to patients at the pre-assessment stage and on completion of treatment.
- We saw complaints information at the clinic entrance.
- We saw that there was a complaints policy and that this was included in the staff induction programme.

Are surgery services well-led?

Requires improvement 

The location had not been previously inspected. We rated well led as **requires improvement**.

Leadership

The registered manager in the service had the right skills and abilities to run a service providing high-quality sustainable care.

- This was a small service and the registered manager was the sole director and nominated individual.
- Staff told us that the manager was visible and approachable. They spoke positively regarding the management team and felt able to raise any concerns.
- We saw in staff files that senior staff had the right skills and qualifications required for the job.

Vision and strategy

- The registered manager informed us that the clinic staff worked hard to continually develop a service which aimed to be the leader of hair transplant providers.

- Staff wanted patients to recognise the Juvida clinic as the leaders in the hair transplant sector and recommend services.
- The manager told us that the vision included developing a complete in-house team which reduced the need to use self-employed staff.
- The clinic did not have a strategy or action plan for what it wanted to achieve. Staff could tell us what they wanted to achieve but we did not see a written record of this.

Culture

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

- The manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff we met were welcoming, friendly and helpful. It was evident that staff cared about the services they provided and told us they loved working at the service. We observed staff work collaboratively and shared responsibility in the delivery of good quality care. Staff were aware of their role in the patient experience and were committed to providing the best possible care for their patients.
- Staff told us that the service promoted an open, no blame culture and that all staff were encouraged to raise concerns, complaints or ideas for the service.

Governance

There was a lack of effective governance structures in place, especially in relation to clinical governance of the medical staff.

- We were told that due to the size of the service it did not have a medical advisory committee (MAC); we were not assured that the functions of a MAC were addressed by the service. If there is no MAC the registered person must have an alternate effective mechanism in place for ensuring that practising privileges, medical revalidations, clinical performance and professional performance is monitored and acted upon where required.

Surgery

- There was a lack of evidence to assure us that doctors working within the service were within scope of practice or that the service was involved in the management and medical revalidation of doctors who worked there.
- There was a staff member who had a compliance role which included developing systems to ensure that staff training, audits and doctors practising privileges were up to date.
- We were told that surgeons had signed up to a written agreement which outlined that the clinic would be entitled to report to the GMC any breach (or reasonable belief that there had been a breach) of any clinical governance or health and safety requirement or of any General Medical Council rule or regulation.
- We saw that the clinic manager was able to ensure that surgeons carrying out cosmetic surgery had an appropriate level of valid professional indemnity insurance in place. All surgeons were required to comply with the practicing privileges policy that stated that all surgeons must provide a copy of medical indemnity insurance.
- We saw evidence of regular team meetings which included discussions on some governance issues.
- Staff we spoke with were clear about their roles and they understood what they were accountable for and to whom.
- We saw that there were bi-monthly observations of a surgical procedure from surgical peers to provide assurance that clinical practice adhered to the British Association of Hair Restoration Surgery guidance 2013.
- There was an active clinical audit plan which supported the service to monitor its performance and highlight areas for improvement. These included handwashing audit and medication audits. We saw that improvements in service delivery were made from audits. For example, the World Health Organisation (WHO) safety checklist prior to surgery had been completed in 30% of patient records in February 2019. The clinic had changed how these were included in patient records which resulted in a rise to 100% in June 2019.
- We saw there was a policy around the management of significant events and a system for investigation, escalation to external bodies such as the Health and

Safety Executive and the Care Quality Commission. This would be cascaded to staff by way of formal clinical meetings which would be minuted. At the time of our inspection there had been no significant events in the reporting period of 1 March 2018 to 1 Feb 2019.

- All Service Level Agreements (SLA's) with third party providers were governed and managed effectively to encourage appropriate interaction and promote coordinated, person centred care. We saw that the clinic kept copies of all their SLA contracts and had phone numbers to hand should they require their service immediately.

Managing risks, issues and performance

The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- The service had a risk register to monitor and review risks.
- The service monitored its performance through patient feedback activity and through the completion of the clinical audit plan.
- Patient feedback was audited on a continuous basis using a patient satisfaction form or using the website. We saw that patients were satisfied with their treatment.
- There had been no patient safety concerns raised in the reporting period 1 March 2018 to 1 February 2019.
- The clinic manager took whistleblowing seriously. There was an up to date policy in place and staff had received information at induction. There had been one whistleblowing incident in the reporting period of 1 March 2018 to 1 February 2019. This had been addressed appropriately.

Managing information

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- Computers were password protected and the clinic had invested in antivirus and firewall software.
- We were told that e-mails were protected against cyber viruses.

Surgery

- All initial patient contact was recorded on a computerised system. Notes from the day of treatment were recorded on paper. Photographs of patients' treatment areas were taken, with consent, and uploaded to the patient records. Computers were password protected and locked when not in use.
- During the inspection we saw evidence that staff had completed information governance training.
- The service collated data/information through its clinical audit plan to help identify themes and trends.

Engagement

The service engaged well with patients, staff, and the public to plan and manage appropriate services

- Patients were encouraged to share feedback with staff either at time of treatment or following discharge. This was through written or verbal feedback, patients were given information on how to feedback and they also received follow up telephone calls on completion of treatment.
- We saw there was a clinic website and blog which gave information about the service.
- All before and after treatment photographs shared with the public had the patient consent gained.
- We were told that the clinic was planning an engagement event for the public locally.
- There were staff meetings where feedback from staff could be taken. We were told this may include video links for staff that were not local to the clinic.
- Staff welfare was monitored and included noise, stress and work-related upper limb disorders.

Learning, continuous improvement and innovation

The clinic was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

- Team meetings were used to share new practices and research in hair transplant practices.
- Staff recognised that the field of hair transplants was a growing speciality and as such they constantly kept up to date with innovations and advances in practice. This included attendance at conferences and events both locally, nationally and internationally.
- Surgeons who had practising privileges at Juvida held or had booked to attend a course leading to international accreditation. These were held overseas and required commitment as they were self-funded.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- Leadership should develop a clinic strategy to turn vision into credible actions.
- The service should ensure patient records are secure in their individual folders.
- The service should ensure that people with hearing and visual impairments can easily access the service.
- The service should ensure policies have renewal dates stored in the same file
- The service should ensure staff members sign that they have read policies.