Dr Khawaja Masood Munir

Deansgate Surgery

Inspection report

2nd and 4th Floor, Speakers House
39 Deansgate
Manchester
M3 2BA
Tel: 01614704504

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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	Requires Improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service improved. We rated it as requires improvement because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety appropriately. Infection risk was controlled adequately. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service broadly managed safety incidents in an adequate manner and learned lessons from them.
- Staff provided good care and treatment, gave patients 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 patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided suitable emotional support.
- The service planned care to meet the needs of patients. It took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using adequate information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- Documents, policies and legal agreements provided were not always in the name of either the registered provider or the location.
- Although feedback could be provided by patients in an easily accessible manner, we found that there was limited information or accessibility for patients to be able to complain appropriately about their care and treatment.

We rated this service as requires improvement because, although it was safe, effective and caring, responsiveness and leadership required improvement.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	Please see overall summary above.

Summary of findings

Contents

Summary of this inspection

Background to Deansgate Surgery

Deansgate Surgery is a clinic in Manchester, England, owned and operated by Dr Khawaja Masood Munir. The clinic opened in April 2020 and provides hair transplant surgical services for self-paying patients.

The service has had a registered manager in post since opening in 2020 and is registered to carry out the following types of regulated activity:

- Treatment of disease, disorder or injury
- Surgical procedures

The service operates across two floors, offering patients hair replacement treatments. The service does not treat or offer surgery to children.

The service has clinical rooms, a reception, a patient waiting area, a staff room, an office, consultation rooms and a kitchen. Toilets are in a corridor adjacent to the service.

For the period of July 2022 to June 2023, 781 patients had used the service.

We had previously inspected Deansgate Surgery, in May 2022. At that time we rated the service as Inadequate. We found breaches of regulation in the areas of:

- Safe care and treatment; and
- Good governance

Following our last inspection, we used our enforcement powers to:

- Protect people who use the regulated service from harm and the risk of harm, and to ensure they received a service of an appropriate standard.

As the service was rated as inadequate, it was placed into special measures. How we approach services who are rated as Inadequate can be found on our website: https://www.cqc.org.uk/guidance-providers/independent-healthcare/responding-inadequate-care

How we carried out this inspection

We inspected the surgery core service during this inspection. The inspection was carried out over several separate days, with supporting information requested from the service.

The team that inspected the surgery service comprised of four CQC inspectors and one specialist advisor with expertise in surgery. The inspection team was overseen by an Operations Manager.

During the inspection we visited the service location. We also observed and spoke with the registered manager, staff members and patients. We also reviewed patient records and requested a number of audits, policies and related documentation about the running of the service.

Summary of this inspection

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 service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that it provides information about how to complain in an available and easily accessible format across various media used i.e. website and within the service Regulation16(2)
- The service must ensure that it has a policy which provides correct and accurate information about escalations of complaints. Regulation 16(2)
- The service must ensure that all documents, policies and procedures pertinent to the operation of the service contain the correct provider and service name which is registered with the Commission. Regulation 17(1)

Action the service SHOULD take to improve:

- The service should ensure that an overall record of incidents is held, which includes a clear description of the incident and the date on which it occurred. Regulation 17(1)(2)(a)
- The service should consider the use of 'I am Clean' stickers or another system to clearly identify when equipment has been cleaned.
- The service should consider making promotional materials used, a true and accurate reflection of which clinicians carry out hair transplant procedures for the service.
- The service should consider the addition of mental health awareness, in the Pre-Assessment and Admission policy used.
- The service should consider service led and specific incident investigation training for all staff members who investigate reported incidents.
- The service should consider developing a singular quality tool, to more clearly understand patient outcomes.
- The service should consider implementing a vision and strategy which describes a future trajectory, that can be measured in a tangible manner.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Surgery

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

Is the service safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. We noted that there were 13 modules of mandatory training to complete, including modules relating to autism awareness and learning disability.

Managers monitored mandatory training and alerted staff when they needed to update their training and ensured that all staff kept up to date.

Overall mandatory training figures for the core service was 100%. This meant that all staff had completed the mandatory training required for them to carry out their roles.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. We reviewed information which evidenced that staff completed safeguarding children and adults training.

The level of adult safeguarding training undertaken, corresponded with their role. For example, leaders and managers had completed safeguarding training at level 3.

Safeguarding training compliance rates for the service were; 100% for both level 2 and level 3.

Safeguarding children training was provided by the service and had a compliance rate of 100%. The service however, did not carry out surgery on anyone under the age of 18.

Requires Improvement

Surgery

Staff knew how to identify adults at risk of, or suffering, significant harm and knew how to make a safeguarding referral and who to inform if they had concerns.

Each clinic room had visible posters which explained the process for staff to follow if they suspected abuse.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Areas were clean and had appropriate and suitable furnishings. We also noted that areas were tidy and free from clutter.

However, we did observe signs of wear, for example some skirting boards were coming away from the wall.

Staff used records to identify how well the service performed with cleanliness, infection control and hygiene. We reviewed audit schedules and noted cleaning registers. Audit and registers covered appropriate areas of cleanliness to check and complete.

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

We noted that equipment appeared clean however, we did not observe the use of any 'I am Clean' stickers. This could mean that identification of clean equipment would take staff longer than it would need to.

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.

Facilities were bright and adequately clean however, outside environmental factors such as building work had led to a small amount of dust being visible.

We noted that there was a daily safety check of resuscitation equipment, which was intended for basic life support. This was appropriate in line with the context of the service provided.

We reviewed evidence which demonstrated the service carried out audits of equipment, for example; oxygen cylinder, stock and personal protective equipment (PPE)

Where equipment was damaged or broken, this was made clearly visible to staff, so as not to use. For example, an extendable mirror in a clinical room was clearly labelled 'Do Not Use' and this had been recorded within the service's incident log.

The service was accessed by two lifts and staff told us that if there was an emergency or the lifts were not in service, an evacuation chair was able to be used if required.

Clinical waste was stored in appropriate containers and sharps bins were sealed and dated as per national guidelines.

We observed and noted that the environment of the service met the requirements of national guidance, for example the Standards for Hair Transplant Surgery published by the Cosmetic Practice Standards Authority (CPSA)

Requires Improvement

Surgery

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were able to identify and knew how to quickly act for patients at risk of deterioration.

We reviewed the policy for staff to follow to assess and manage risk which was named 'Pre-Assessment and Admission'.

Staff completed risk assessments for each patient using a health questionnaire which was sent out to the patient prior to any procedure. This included asking about any skin disorders or blood borne viruses.

Specific risk issues were highlighted to staff members within clinic rooms, for example posters reminding about sepsis were evident.

The service considered itself a level 1b cosmetic surgery provider. Level 1b invasive cosmetic surgery is described by the CPSA as 'low-medium risk: usually only requires local anaesthetic and performed as an outpatient'. The service confirmed that it did not transfer duty of care to any other healthcare provider and felt that a transfer out policy was not applicable to the service.

We reviewed patient information advising that post-surgical reviews took place at six and twelve months, with a note that any concerns, queries or enquiries could be raise at any time with the services patient liaison manager.

If a patient presented with a sudden and life-threatening emergency the procedure would be to call 999. For concerns out of hours, or after surgery, documentation advised patients to have a low threshold for any symptoms and to to self-refer to an emergency department. This information was provided to the patient post surgery.

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 appropriately reviewed and adjusted staffing levels and skill mix.

The service informed us that the only member of medical staff was the registered manager. The registered manager was a registered GP and was solely responsible for carrying out hair transplant procedures.

However, several posters giving information or 'spotlighting' hair transplant clinicians, other than the registered manager. These posters were in the same format and design as the one which featured the registered manager. This could mean that patients would believe that they could possibly choose another clinician, to carry out the hair transplant procedure, when in fact they were not employed by the service.

The service also provided us with a list of support staff, which included technicians, junior technicians, a training lead and compliance lead.

Staff received an induction which included; being provided with an employee handbook, electronic access to the policies and procedures used by the service and also the mandatory training required.

Staffing was planned to meet patient levels. The service provided us with data which indicated that five patient procedures had been cancelled in the last 12 months. This was due to emergency leave of staff. All were rescheduled to an alternative date.

Requires Improvement

Surgery

The average percentage of support staff absence for the previous six months was low at 1.49%

The service did not use any bank or agency staff. It did not make use of any medical staff under practicing privileges.

Records

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

Patient notes were comprehensive and all staff could access them easily. Records were stored electronically and securely.

Medicines

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

At our last inspection we found significant concerns with the way the service managed medicines. Following this we used our enforcement powers, to inform the provider what it must do to improve.

During this inspection we noted that medicines management had adequately improved. With reference to the areas where we told the service that it must improve, we noted during this inspection that:

- Medicines were stored in their original packaging.
- Medicines were stored in new lockable cupboards which clearly labelled the type of medicine.
- The door to the medicine cupboard was locked.
- Medicines in cupboards were not split.
- Discharge medicines were prescribed for individual patients and clearly documented in patient notes including dose and quantity.
- Additional medicines taken from the medicines stock room to be used were suitably recorded.
- We reviewed daily counts and monthly audits, which were appropriate.
- A designated stock manager reviewed medicines stock levels.

Incidents

The service managed incidents adequately. Staff recognised and reported incidents and near misses. Staff investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised.

Staff knew what incidents to report and how to report them.

We reviewed the service's incident log covering the previous 12 months, which detailed a low number of incidents recorded.

We noted that there was no description of the incident recorded, or the specific date within the month to indicate when the incident occurred. This could make it difficult for staff to identify historic incident records if they were new to the service.

Staff reported incidents and near misses in line with service policy.

At our last inspection we were provided with an Incident, Accident, and Significant Events Policy.

Requires Improvement

Surgery

During this inspection we were provided with three incident report forms. These were completed in line with the template form, included in the Incident, Accident, and Significant Events Policy.

The incident report forms we reviewed contained adequate detail, information and learning.

The service reported no never events. Never Events are serious incidents that are wholly preventable.

The service had means in place to implement the duty of candour. We reviewed the duty of candour policy used by the service. The content of the policy was detailed, methodical and informative to the reader.

Staff told us that they were aware of the duty of candour and what this meant for their role and the service as a whole.

Managers investigated incidents to a reasonable degree, however we were provided with no evidence that any service-led or specific incident investigation training was in place. The registered manager told us that this had been part of their medical training and work as a GP.

Is the service effective?

Good

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

The service used up-to-date policies to plan and deliver care in an adequate manner.

We reviewed documentation that the service used relevant policies, pertinent to providing the service. The policies were of an adequate standard.

Please see the section headed 'Governance', below for further comment about the policies used.

The service identified as a level 1b cosmetic surgery provider. This indicated knowledge of the relevant professional standards (CPSA), in the area of cosmetic surgery which the service provided.

The service carried out a system of audit, which included relevant areas such as; surgical site infection, hand washing, medicines and personal protective equipment.

The service had an awareness of the psychological and emotional needs of patients.

The registered manager of the service had a background in psychiatry, as well as being a GP. They could articulate a good knowledge of mental health conditions, including body dysmorphic disorder (BDD) and how this could affect any approach to assessment, care and treatment.

The registered manager told us a second opinion from a clinician involved with the patient, would be sought if required. However, we could not find any sections of the Pre-Assessment and Admission used which referenced this.

Requires Improvement

Surgery

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink. Patients could choose their meals from specific meal sheets, at the point of their arrival at the service. The service could meet patient's dietary needs, including adjustments for cultural and religious needs.

Pain relief

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

The service carried out procedures under a local anaesthetic.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. A scale of pain scores was visible within clinic rooms, to support patients to identify any level of pain experienced.

Staff told us that they were aware of different levels of patient needs, regarding pain relief, depending upon their tolerance. The registered manager demonstrated a good understanding of a patient requiring additional pain relief, for example a higher metabolic rate could mean that pain relief may wear off quicker.

Patients received pain relief soon after requesting it.

Patient outcomes

Staff monitored the effectiveness of care and treatment in a limited manner, which could become a barrier to good outcomes for patients.

The service did not participate in any national clinical audits or have any accreditations. The registered manager informed us that they were in the process of an application to the International Society of Hair Restoration Surgery, however this had not been granted at the time of inspection.

Quality outcomes for patients were measured across the following areas: the complications log, patient feedback surveys, staff appraisals and staff clinical audits.

During our inspection we requested a copy of the service incident log, where we would ordinarily expect to see incidents of surgical complications. The incident log submitted provided no details of any incidents, or whether these incidents were termed as complications, thereby making trends or themes hard to identify.

We therefore found limited evidence of a singular quality outcome tool, which would be able to demonstrate or quantify the trajectory of patient outcomes over a period of time, to promote development of the service.

We also requested a copy of key performance indicators the service used, to measure performance. Specific to patient outcomes, the service told us that the following metrics were used:

- Patient satisfaction rate
- Procedure success rate
- Infection rate
- Waiting times

- Post operative complication rate

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held team meetings with them to provide support and development.

Surgical staff compromised solely of the registered manager. The service provided us with their clinical supervision, which was in the form of an appropriate GP appraisal.

Support staff had training in necessary skills and knowledge to meet the needs of patients. We found evidence of a good level of induction, onboarding and specialist training to work within a hair transplant service.

Managers supported staff to develop through constructive appraisals of their work. We reviewed the most recent appraisals of support staff which covered both clinical and non-clinical aspects of their role. The appraisal included a comprehensive list of competencies. Each competency had a score out of 5 and also further comment could be added if required for development.

Minutes of staff meetings were recorded and electronically stored. This meant that any staff who attended could access a copy at a later date.

Multidisciplinary working

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

The staff team worked well together. A sample of team meeting minutes evidenced a positive number of attendees against the overall number of service staff. Minutes had standing agenda items which pertained to service critical aspects and evidenced discussion around patient care and clinical outcomes.

Seven-day services

Key services were available during opening hours to support timely patient care.

Staff told us about examples of when they had stayed behind after scheduled hours to accommodate finishing patient's hair transplants.

Health promotion

Staff could give patients appropriate advice to lead healthier lives.

As part of our inspection, we requested information about health promotion. The document received contained relevant information which was informative and pertinent to hair transplant services.

Consent and Mental Capacity Act

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

We reviewed documentation which was provided to patients, prior to surgery. We noted this covered a full description of the procedure and associated risks.

Requires Improvement

Surgery

The service had a consent policy which was adequate and contained relevant information and guidance for staff.

During our inspection we requested a copy of the most recent consent audit carried out by the service. The audit detailed the following:

- Consent been emailed to the 14 days before the surgery – 85.7%
- Consent form signed by the patient prior to the procedure – 100%
- Consent form countersigned by the clinician/ doctor – 100%
- Signed consent form has been uploaded to the clinical note – 100%

We noted, however, that the title page of the document which was provided had the following text; 'Surgical Site Infection Audit' and was in the format of the policies which the service used.

Staff were aware of patient's having mental capacity to be able make decisions about their care. Relevant sections within the consent policy used, highlighted important legislation and required considerations.

The registered manager told us they would not go ahead with a treatment if a patient did not have capacity to make informed decisions. Due to the nature of the service however, no patients with any mental capacity needs had accessed the service.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Patients said staff treated them well and with kindness. We spoke with 3 patients who told us that staff had been considerate and friendly. They explained how staff had made them feel at ease, had taken in to account their individual preferences and had offered them breaks throughout the treatment.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff spoke discreetly to patients that attended the service or who contacted them over the telephone.

Staff understood and respected the personal and social needs of patients and how they may relate to care needs. Patients were asked, as part of their health questionnaire, whether they drank alcohol, tobacco or other substances. The registered manager told us that they would follow up on any positive answers during the consultation to check if any recreational drug use were impacting on decision making or if there would be any contraindications of the treatment given the information provided.

Patients told us that staff were open and transparent about the pricing of the treatment from the first contact.

Requires Improvement

Surgery

Emotional support

Staff provided emotional support to patients to minimise their distress. They understood patients' personal motivations.

Staff gave patients emotional support and advice when they needed it, for example we spoke with a patient who had an aversion to needles, who told us that staff had provided him with additional information prior to the procedure and gave encouragement and emotional support whilst administering the local anaesthetic.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff told us that patients can bleed during the procedure and this can be a cause of distress. Staff told us they supported patients by developing a communication strategy of normalising the bleeding, through further dialogue. We observed staff attending to a patient who had become nauseous. They provided emotional and practical support to a patient by pausing the procedure, supporting them into another room and providing a drink and sugary food to help.

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. Staff had experience of working closely with patients for a prolonged period. During that time they would speak with them about their reasons for having the procedure.

Consultations prior to surgery were focused on the social and emotional impact that the treatment would have. Staff told us they received training about low self-esteem as part of the bespoke training package they had access to. This supported an understanding of the patient's rationale for wanting hair loss treatment.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. Patients that we spoke to said they had ample time to speak with the clinician and other staff prior to their treatment commencing.

All patients said they had been provided with access to an electronic learning package which provided details of the treatment, which they had found to be comprehensive.

Staff talked with patients in a way they could understand, using communication aids where necessary. Patients that we spoke with told us their treatment had been explained to them in a simplified way. A patient mentioned how the consultant had used analogies and metaphors which he had found useful.

Staff told us that they would speak with the patients' loved ones, if they provided consent to do so, to answer any questions they may have.

Patients could contact the service following the procedure and had a direct contact number for the service. Patients we spoke with, were happy with the post operative information they had received, and all knew who to contact if they had any complications.

Staff supported patients to make informed decisions about their care. Patients said they were supported to make informed decisions about their care. A patient explained how the consultant had provided him with options relating to hair coverage and had explained the advantages and disadvantages of each.

Requires Improvement

Surgery

Patients and their families could give feedback on the service. Feedback leaflets were placed on a waiting area table and also at the reception desk, which could be completed manually and provided to staff or placed within a feedback box.

The service told us that the main ways of collecting patient feedback were; patient liaison including 2 day and 14 day post op telephone consultations, clinical review at 6 and 12 months post procedure, complication data and a suggestions box.

We reviewed a sample of patient feedback which gave a mixture of neutral and positive feedback about the service.

Is the service responsive?

Requires Improvement

Our rating of responsive stayed the same. We rated it as requires improvement.

Service delivery to meet the needs of local people

The service provided care in a way that met the needs of the patients it treated. It worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs patients.

Patients did not have to be local to access the service if they were willing to travel for the treatment required. Staff arranged appointments in line with patient needs and preferences as well as staff availability.

During our inspection, we reviewed a non-attendance policy which was in date and clear in process for staff to follow.

The service used a service level agreement with an organisation which shared some of the space within the provider's location. This organisation acted as a referrer to the service for patient wish to have hair transplant surgery.

Meeting people's individual needs

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

Managers made sure staff and patients could get help from interpreters or signers when needed. For example, signage within clinic rooms that provided a contact number for interpretation services.

Patients were given a choice of food and drink to meet their cultural and religious preferences. A menu sheet, located at the reception desk, specifically asked patients if they had any special dietary requirements.

The registered manager provided the following examples of where the service would respect individual needs: cultural beliefs in relation to haircuts for patients who followed a particular religion and respecting that some female patients, may wish for only female technicians to be part of the surgical team.

Access and flow

People could access the service when they at a time convenient to them.

Staff arranged procedures in line with patient needs and preferences as well as staff availability and the service did not have a long waiting list. The service could rearrange appointments straight away if the doctors or other staff were sick.

Learning from complaints and concerns

It was not always easy for people to give feedback about the care they received because the service did not have an appropriate complaints policy and procedure. However, when received, the service treated concerns and complaints appropriately, investigated them and shared lessons learned with all staff.

Patients knew how to raise concerns. Patients that we spoke with told us they would contact the service directly. They had contact details as part of their post operative care plan. Patients were provided with patient feedback forms they could complete prior to leaving and the service sent text messages seeking feedback following the treatment.

The service did not however, clearly display information about how to raise a concern in patient areas. We did not see any posters or information leaflets on display. The service did not have its own website and the referring company's website made no reference on how to make a complaint.

Staff understood the policy on complaints and knew how to handle them. Staff told us that when a concern or complaint was raised, this would be shared with the registered manager who would then contact the patient and either speak to them over video conference call or invite them for a face to face consultation.

The complaint was documented on the patient's record and on a separate log on the services electronic system to identify themes. Staff told us that the main themes for complaints were patients who were unhappy with the results of the hair transplant. This information corresponded with what we found in our review of the complaints log.

We also reviewed the complaint policy which the provider used. We noted this was in date and contained references to some appropriate and applicable complaint approaches and processes.

However, there were aspects of the policy which did not appear to be relevant to the service, for example there was a section about how a child could complain, despite the service not providing surgery to children.

We also noted within the complaints policy the following section:

"HANDLING COMPLAINTS BY THE CARE QUALITY COMMISSION

The CQC may investigate a complaint where: -

- A complaint is not satisfied with the result of the investigation undertaken by the company.
- The Company has not completed its investigation within six months of the date on which the complaint was made.
- The Registered Manager has decided not to investigate a complaint on the grounds that it was not made within the required time limit.

A request for the CQC to investigate a complaint may be made either orally or in writing and must be made within two months, or where that is not possible, as soon as is reasonably practicable, after the date after the formal response from the Company was sent."

This is not a correct statement about the remit of the CQC. The CQC does not register, take forward or investigate complaints on behalf of patients, because it does not have these legal powers.

Requires Improvement

Surgery

The registered manager told us that the service was not registered with the Independent Sector Complaints Adjudication Service (ISCAS) but was registered with the Independent Doctor's Federation (IDF) who provided a complaints procedure for patients. We noted however that there were no references to the IDF within the complaint policy the service used.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us complaints and any learning from them was discussed in monthly team meetings.

The registered manager provided examples of how the service has learned from complaints. They explained how a patient had been unhappy with their hair line looking unnatural and 'too square', following surgery. This prompted the service to look at ways of making the hair line look more natural and have implemented this in daily practice.

Is the service well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Leadership

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

The leadership of the service had improved since our last inspection. Leaders had sourced support from external organisations to help make improvements to the service.

The registered manager was highly visible to staff, which reflected their position as the sole clinician within the service. We noted that the registered manager was friendly and approachable. We did find evidence of staff development and progression, for example staff had a route to progress to the role of technician from junior technician.

Vision and Strategy

The service had a vision for what it wanted to achieve, however there was a limited strategy to turn it into action. We did not find any evidence of key vision and strategy milestones or metrics that could be used to indicate where the service was at, which could be compared to where it wanted to be.

The registered manager spoke about the service with passion and enthusiasm.

We reviewed both the service's vision and strategy document and their mission statement. The aims of the service were stated in a broad manner which were based around core principles, values and behaviours.

Culture

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

Requires Improvement

Surgery

Staff felt respected, supported and valued. They told us that regardless of their position within the service they were treated the same. We observed good interactions between the registered manager, the deputy managers and the staff.

The service promoted equality and diversity and staff told us that there were opportunities for career development. We spoke with the service training lead and compliance lead; both told us they had progressed into their current roles following being senior technicians. The registered manager explained how junior technicians progress on to being senior technicians.

Staff said that the service had an open culture, where they felt they could raise concerns with their seniors without fear. The registered manager told us they have rewards for staff, including employee of the month.

Governance

Leaders did not have effective and consistent governance processes, however staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service used policies and procedures which, although mostly relevant to the service provided, were in the name of a limited company. This limited company was a different entity from the provider who is registered with CQC.

We also noted, during our inspection, the use of another different business or trading name on promotional media within the service. The same business or trading name was also found on a patient invoice and electronic payment receipt. This could cause a significant degree of confusion for patients, in being able to be sure about the identity of the service they were using, or which entity was accountable for their care.

As part of our inspection, we requested evidence from the service that a suitable professional indemnity policy was in place to protect patients and staff. This was provided, however it had an issue date of 5 July 2023. Prior to this date, the relevant insurance had been in the name of a limited company, with the registered manager specifically named within the policy.

The service had a clear organisational staff structure which had defined roles, accountability and seniority. We found during this inspection that all staff had the right to work within the service and appropriate disclosure and barring checks had been carried out.

A monthly management meeting took place, with the support of an external governance consultancy. We were provided with an overview of the items on the standing agenda for these meetings, however, we were not provided with a copy of any meeting minutes.

We also noted that descriptive terms used about these meetings, were ones that are mostly associated with a corporate entity, for example the term ‘Managing Director’.

Management of risk, issues and performance

The service used systems to manage risk effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register. The content of the register was adequate in that it contained the type and description of the risk, a score, whether the risk was ongoing, or closed, and a record of the mitigation put in place. However, the risk register did not evidence any regular review.

Requires Improvement

Surgery

We noted during this inspection that appropriate building assessments were in place, for example the fire safety policy and procedure was complete, in date and provided location specific diagrams and instructions.

The service used a policy titled 'Business Continuity Policy and Procedure' to provide information and processes about what to do in instances of any major events. The content of this policy was comprehensive in detail and provided clear descriptions of relevant events and what to do if one were to happen.

Again however, this was a document which referred to a limited company, used corporate entity terminology and included the name of a person who did not work at the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service made reference, within information submitted to us, about the collection of data such as the complications log and the procedure success rate, however we did not have sight of these documents to consider their content or outcomes. A specific example of data collection and improvement in performance about a known complication of hair transplant surgery, however, was given to us.

The registered manager was able to access service administrative data in a timely manner, using the electronic systems in place.

Staff members were able to demonstrate to us an easily accessible means to navigate to patient records and training materials. As part of this, patient information was stored securely on the electronic system and computers were secured by password locks.

The policies used referenced the registered manager having responsibility for notifications to external organisations.

Engagement

The service actively and openly engaged with patients to plan and manage services. They collaborated with partner organisations for patients benefit.

The service had a process for engaging with patients to obtain feedback. Feedback forms were located in several areas around the clinic.

In addition, patients were contacted at specified intervals post-surgery to assess the outcome and note any complications.

A staff feedback form could be completed and left in the staff room to ensure anonymity. The service leads showed us that those forms had been acknowledged and that actions had been taken to address issues raised.

Learning, continuous improvement and innovation

Staff were committed learning and improving services.

We noted the registered manager's passion and enthusiasm for the area of surgery that the service provided.

Requires Improvement

Surgery

The service had developed detailed and bespoke training videos and sequences to support staff, which provided a step-by-step guide to the procedure of a hair transplant.

As part of our information requests during the inspection we were provided with an example of learning and research which had been undertaken.

Following a number of surgeries, a trend was identified regarding hair follicles and growth. The registered manager subsequently researched this area and as a result, additional steps were added to the post operative care information, given to patients.

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 Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The service did not provide information about how to complain in an available and easily accessible format across various media used i.e. website and within the service The service did not have a policy which provided correct and accurate information about escalations of complaints.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have relevant documents, policies and procedures pertinent to the operation of the service in the correct provider and service name which is registered with the Commission.