

Restorehairclinics Limited

Restorehairclinics Limited

Inspection report

107 Harley Street
London
W1G 6AL
Tel: 07800654428
www.drraghureddy.com

Date of inspection visit: 08 February 2020
Date of publication: 08/04/2022

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

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Summary of findings

Overall summary

Due to the inspection being focused we did not rate the service.


- The service did not always control infection risk well.
- Risk assessments such as sharps injury and Legionella had not been mitigated.
- The registered manager did not always ensure there was suitable equipment available for the delivery of the service.
- Staff did not always dispose of clinical waste safely.
- Adequate Control of Substances Hazardous to Health (COSHH) risk assessments had not been undertaken.

However:

- Staff completed training in infection control and sepsis.
- Staff followed infection control principles including the use of personal protective equipment (PPE).
- Staff cleaned equipment after patient contact.
- The service completed infection control audits such as environmental and hand hygiene.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	We did not rate this service. See the summary above for what we found.

Summary of findings

Contents

Summary of this inspection

Background to Restorehairclinics Limited	5
Information about Restorehairclinics Limited	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Restorehairclinics Limited

Restorehairclinics Limited is operated by Restorehairclinics Limited. The service opened in February 2021. The service provides day case surgical hair transplant procedures to private patients over the age of 30. There are two methods of hair transplantation: follicular unit transplant and follicular unit extraction. The service provided follicular unit extraction. In follicular unit extraction, individual follicles are extracted and then implanted into small excisions in the patient's scalp. All procedures were undertaken using local anaesthesia.

The clinic is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of disease disorder and injury

There has been a registered manager in post since the clinic opened in 2021. The registered manager was also the surgeon working at the clinic and owned the clinic. The service employed two hair technicians and two administrative staff. All the hair transplant treatment was carried out by the surgeon.

We have not previously inspected this service.

How we carried out this inspection

This was a focused inspection based on concerns about infection prevention and control that were shared with us prior to inspection. The inspection had a limited scope so we did not rate this inspection. We carried out the unannounced part of the inspection on the 08 February 2022. During the inspection, we visited the waiting area and treatment rooms.

During the inspection visit, the inspection team:

- Spoke with the registered manager and a hair technician
- Observed one patient procedure
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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 use equipment and control measures to protect patients, themselves and others from infection.
- The service must ensure effective infection prevention and control audits are undertaken.
- The service must ensure clinical waste is disposed of safely.

Summary of this inspection

- The service must ensure risks assessments such as Control of Substances Hazardous to Health (COSHH), sharps injury and Legionella are mitigated.

Action the service SHOULD take to improve:

- The service should ensure policies and procedures referred to the most up-to-date professional guidance used in their development.
- The service should ensure there is an effective preventive maintenance programme for all equipment.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Not inspected	Not inspected	Not inspected	Not inspected	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Not inspected	Inspected but not rated

Surgery

Safe

Inspected but not rated 

Are Surgery safe?

Inspected but not rated 

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff used personal protective equipment and cleaned equipment after patient contact. They kept equipment visibly clean. However, risk assessments such as sharps injury and Legionella had not been mitigated.

The service had a surgeon, who was also the registered manager, and two hair technicians. Records showed that staff completed training in infection control and sepsis. The registered manager recorded training on staff training logs which were regularly updated.

The hair transplant procedure was a clean procedure which did not require use of aseptic technique. Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, masks and surgical hair covers. Patients were also required to change into a disposable gown before starting the procedure. The service had a good supply of PPE.

Hand-washing and sanitising facilities were available for staff and visitors. Handwashing posters were displayed to ensure the correct procedure was followed and increase the compliance with hand hygiene.

The service had COVID-19 safety measures to ensure transmission was minimised. For example, social distancing, hand sanitisers and seating separation. Patients were given information related to COVID-19 precautions when they booked their appointments.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We reviewed risk assessments, infection control protocols and assurance frameworks introduced as part of the organisation's response to COVID-19. Extra cleaning was introduced to protect against COVID-19 including regular cleaning of high traffic areas and 'touch points'. There was a dedicated cleaner for cleaning touch points, and we observed cleaning being undertaken throughout the course of the day.

The technicians were responsible for cleaning and preparation of the clinical room before and after procedures. We observed the technician followed the service's procedures.

Clinical staff were immunised against Hepatitis B.

There was a staff noticeboard which displayed guidance on the disposal of sharps, sharps injury management, single use items, putting on and removal of PPE. The sharps policy did not list the organisation to contact if staff suffered a sharps injury. Staff should seek advice following an injury as there is a risk of transmission of Blood Borne Viruses.

Surgery

Staff cleaned equipment after patient contact. The service used both single use and reusable instruments and had a good supply. The registered manager had a process for the management of stock control. Instruments that were single use were disposed of correctly.

All reusable instruments were cleaned and sterilised after patient contact. There was a service level agreement with another provider in the same building to decontaminate and sterilise instruments. Staff explained instruments were cleaned in a washer disinfectant and sterilised before being placed in a sealed pouch. The instruments remained in the sealed pouch until they were ready to be used. However, we observed staff cleaning instruments before they were sent to the washer disinfectant. The instruments were cleaned at the same sink where staff performed hand hygiene which was not in line with published guidance. Handwashing sinks should be used for hand hygiene only. We discussed this with the registered manager who confirmed instruments would no longer be cleaned at the handwashing sink and they would be taken directly to the decontamination area.

The service did not always perform well for cleanliness. The floors in the treatment and consultation room were covered and easily cleansable in line with published guidance. The floor was visibly clean. There was a cleaning cupboard with stored the mops and buckets. However, there was no zoning in the room as it was used to store stock such as disposable masks and disposable cups. Zoning minimises the risk of infection by creating designated clean and dirty zones. Following our inspection, the registered manager confirmed the mops and buckets were removed to a separate cleaning cupboard where the colour coding system for cleaning was displayed.

The service completed infection control audits such as environmental and hand hygiene. However, we observed drawers and cupboards in the treatment rooms were visibly dusty and this had not been picked up by the audit.

The service had an infection control policy which had been updated in December 2021. The policy did not refer to professional guidance that was used in its development. Policies and procedures should include the name of the current guidance and the version used to ensure a clear audit process for any changes.

The registered manager said a Legionella risk assessment had been undertaken. We reviewed the records provided and found the risk assessment referred to another provider in the same building. The service had not undertaken its own risk assessment.

Staff worked effectively to prevent surgical site infections. The service reported there were no surgical site infections in the previous 12 months.

Environment and equipment

The registered manager did not always ensure there was suitable equipment available for the delivery of the service. Staff did not always manage clinical waste well and adequate COSHH risk assessments had not been completed.

The design of the environment followed national guidance. The treatment room had wheeled stainless steel trolleys which could be easily decontaminated. The treatment room had windows that opened with privacy blinds. The ventilation system had been removed and the registered manager said it was due to be replaced. We were provided with the paid invoice for a new ventilation system. Invasive procedures, such as hair transplants, required clinical ventilation to reduce the risk of surgical site infection.

There was a light used during the procedure that had a crack which mean it was not easily cleansable. Following our inspection, the service sent us confirmation a new light had been ordered.

Surgery

Staff carried out checks on equipment. Following our inspection, the service provided records of a portable appliance test had been completed in February 2022. However, we were not assured there was a clear process for ensuring that equipment was effectively maintained on an on-going basis.

There were two mini fridges containing medicines, which were locked. Fridge temperatures were recorded daily and within a safe temperature range.

We found some cleaning products stored unlocked underneath a sink in an unlocked cupboard. These were not covered by the Control of Substances Hazardous to Health (COSHH) risk assessments provided by the service. There were insufficient control measures in place to prevent or reduce exposure to these hazardous substances.

Staff did not dispose of clinical waste safely. The service had an adequate number of sharps and clinical waste bins. We observed a sharps bin with an orange lid was being used in one of the treatment rooms. It was used to dispose of medicinal waste which was not in line with published guidance. A sharps bin with a yellow lid should be used to dispose of medicinal waste.

The registered manager said the collection of clinical waste was a part of an agreement with the landlord for the premises. Therefore, the clinical waste consignment notes provided did not list the service as the producer of the waste. This was not in line with published guidance as the movement of wastes is controlled by a documentation system which must be completed whenever waste is removed. Each clinical waste producer should have their own service level agreement which provides a clear audit trail of the clinical waste collected. Following our inspection, the service sent us confirmation of a service level agreement which included the delivery of the correct sharps bins.

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

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The provider did not always ensure the service controlled infection risk well.
- The provider did not ensure risk assessments such as sharps injury and Legionella had been mitigated.
- The provider did not always ensure there was suitable equipment available for the delivery of the service.
- The provider did not always ensure staff dispose of clinical waste safely.
- The provider did not ensure adequate Control of Substances Hazardous to Health (COSHH) risk assessments had been undertaken.