

The Hair Dr - Hair Transplant Clinics Ltd

The Hair Dr

Inspection report

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Date of inspection visit: 02 December 2020
Date of publication: 11/02/2021

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



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

The Hair Dr clinic at Dewsbury provides surgical hair transplant procedures and scalp micropigmentation. The service does not have any inpatient beds. We inspected this service using our focussed inspection methodology.

We carried out an unannounced, focussed inspection on 2 December 2020. During the inspection, we spoke with eight staff including the registered manager, hair technicians, and medical staff. We spoke with the patient who was using the service on the day of inspection. During our inspection, we observed patient care and interactions and reviewed patient and staff records. We also reviewed other information and data provided by the service to make our judgements.

During this inspection we focussed on elements of the safe and well-led key questions in response to some concerns that had been raised with us by an ex-employee.

We did not rate the Hair Dr clinic at this inspection as it was a focussed inspection and did not cover all domains.

We found the following areas of practice where the service needed to make improvements;

- The operating rooms did not have adequate ventilation and we were not assured that patients were aware of CCTV monitoring. When this was pointed out the provider took immediate actions to initiate improvements
- While restricted medicines were within a locked room they were not kept in a locked cupboard. Maximum safe amount of local anaesthetic and actual dose were calculated but not clearly recorded.
- The service did not use a safer surgery checklist and patient care records were not always complete. Not all relevant information was recorded. Pain/ comfort and nutrition and hydration were not recorded.
- The provider did not have an established governance structure and processes to manage risks and performance. They did monitor clinical outcomes, but this was not collated or recorded. There was no systematic approach to audit. A records audit had shown a need to improve recording practice but there was no evidence to demonstrate any improvements or monitoring had been put in place.
- We were not assured that the processes of safe recruitment and maintenance of staff records was thorough. There was little oversight of essential human resource information such as; references, training, appraisal and revalidation.

We found the following areas of good practice;

- 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. All staff understood their responsibilities to safeguard patients from abuse and neglect and had appropriate training and support.
- The service, controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. The maintenance and use of facilities, premises and equipment was suitable for its purpose.
- Leaders had the integrity and abilities to run the service. Where they identified gaps in their own skills or abilities, they took appropriate action to compensate for this. They understood and managed the priorities and issues the service faced.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	See overall summary.

Summary of findings

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Summary of this inspection

Background to The Hair Dr

The Hair Dr Dewsbury is located at the Hamilton Medical Centre Dewsbury. The location has a registered manager in post and is registered to undertake the regulated activity of surgical procedures.

The service provides surgical hair transplant procedures and scalp micropigmentation. There are two methods of hair transplantation: follicular unit transplant and follicular unit excision. The service offers follicular unit excision (FUE) and follicular unit transplantation (FUT). In follicular unit excision, individual hair follicles are excised and then implanted into small incisions in the patient's scalp. The clinic also provided Scalp micropigmentation (SMP) to people who presented with excessive scarring from procedures undertaken at other clinics in the UK or abroad, where things had gone wrong.

Facilities include a hair transplant treatment room, a second treatment room, a clean utility room a recovery area and a consultation room. There were private changing and toilet facilities for patients using the service and a kitchen where patients could take a break and were given lunch and refreshments. The service has no overnight beds.

The Hair Dr Dewsbury had not previously been inspected. We inspected this service on 2 December 2020 using our unannounced, focussed inspection methodology in response to some concerns we had about the service. We did not rate the Hair Dr as we only inspected elements of the Safe and Well-led key questions.

How we carried out 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>.

Outstanding practice

We did not find any areas of outstanding practice; however, we did not inspect all key questions.

Overall, we found the provider to be very caring and responsive in meeting individual patient's needs. The provider was also very keen to learn and make improvements where areas for improvement were identified.

Areas for improvement

Action the provider **MUST** take to improve

- Fulfil its plans to install adequate ventilation in the operating rooms. (Regulation 12)
- Complete its actions to improve recording keeping and monitor that standards of record keeping are improved and maintained. To include; embedding the use of a safer surgical check list into practice and recording of patient comfort / pain and condition at regular intervals throughout the procedure. (Regulation 17)
- Develop processes and systems for;
- Clinical governance of the service to include collection and analysis of patient outcomes to demonstrate the most is made of opportunities for learning and improvement.
- Oversight/ management of staff training, performance and development needs.

Summary of this inspection

- A planned, comprehensive audit programme to evidence compliance with policies / protocols, management of performance and improvement. (Regulation 17)
- The provider must also complete its review of staff records and source two checkable references for all staff. (Regulation 17)

Action the provider SHOULD take to improve

- Ensure the new policy regarding CCTV becomes embedded in practice to fulfil regulatory requirements regarding consent for use with regard to dignity and respect. (Regulation 10)
- Record a maximum dose of local anaesthetic for all patients and the final dose administered.
- Complete its review and update of human resource policies and procedures.

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	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Surgery

Safe

Inspected but not rated 

Well-led

Inspected but not rated 

Are Surgery safe?

Inspected but not rated 

We did not rate safe as this was a focussed inspection.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff received a comprehensive induction and suite of mandatory training. All required training had been undertaken in the last 12 months and new staff had all completed their induction. Staff were given protected time to complete training.
- Training included Infection prevention and control, health and safety, basic life support and safeguarding training at level 3.
- Managers were in the process of putting a system in place to keep track of staff training and due dates.

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.**
- Although the service had never had a safeguarding concern there was an up to date policy in place which was clear and concise. Staff were aware of their responsibilities and signs to look out for.
- All staff had been trained to level 3 and knew they needed to raise any concerns with the registered manager. The manager knew when and how to make a safeguarding referral or gain support from the local authority safeguarding team if needed.
- Mental capacity was a part of the online safeguarding training. The service did not provide services to people lacking capacity.
- All staff had a disclosure and barring check within the last three years, filed in their records.

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 clean.**
- The clinic was visibly clean in all areas and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.
- The provider used an external agency to clean the location and had standard operating procedures in place.
- The service undertook infection control audit which included hand hygiene and environmental checks. They were fully compliant with the infection control audit undertaken in August 2020.
- Staff records showed evidence of hepatitis B vaccination.

Surgery

- The hair transplant procedure was a clean procedure which did not require use of aseptic technique. We observed staff using personal protective equipment (PPE) when required, and they adhered to 'bare below the elbows' guidance. Staff used appropriate hand decontamination techniques before and after patient contact.
- The technicians were responsible for the cleaning and preparation of the clinical room and reusable equipment. There was appropriate equipment in place for cleaning, decontamination and sterilisation of equipment. There were appropriate decontamination protocols and daily records in place, and we saw evidence of staff compliance with decontamination processes.
- The service monitored clinical outcomes and had never had a surgical site infection. It provided regular follow up appointments to patients, so they were confident they had not missed any episodes of infection. All patients were given prophylactic antibiotics for one week following surgery.
- The service had an up to date infection control policy in place and had taken additional precautions to prevent the spread of Covid -19. Patients and visitors were screened on arrival using temperature recordings together with an appropriate questionnaire regarding contacts and symptoms.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment was suitable for its purpose. However, the operating room did not have adequate ventilation. Staff managed clinical waste well.**
- The clinic environment was suitable for its purpose, however, there was no ventilation system in place in the operating rooms. This meant air changes could not be monitored or guaranteed and the provider was not compliant with national guidance HTM 03-01. Infrequent air changes increase the risk of patients potentially developing surgical site infections. When we fed back this concern, the provider immediately undertook a risk assessment against the relevant guidance and secured the advice of a specialist engineering company to obtain a quote for installation of a ventilation system. They planned to undertake this work as soon as possible and had booked an installation date for the end of December 2020.
- The provider did not check the temperature of the operating room therefore we could not be assured the room was kept at an appropriate temperature. When we fed back this concern, the provider immediately implemented a process for regular temperature checks to be made to ensure the rooms were kept within the correct temperature range.
- The bedsides on the operating table had become corroded which was an infection risk, however, the provider had already identified this as a risk. The provider had covered the affected areas to minimise risk and ordered new sides.
- We observed CCTV cameras in some areas of the clinic. There was no policy in place to support the use of CCTV and associated privacy, confidentiality and consent issues. There were no signs or patient information to inform patients that the cameras were there. Staff told us they informed patients of the cameras, but this was not recorded anywhere. When we fed this concern back to the provider, they took immediate action: They displayed signs to alert everyone visiting the clinic that they were there. They also updated patient information and produced a comprehensive policy and procedure to ensure patients were aware of the cameras and could ask for them to be turned off if they wished. The written consent form has been updated to include consent being obtained for use of CCTV in all clinical areas.
- Staff carried out regular health and safety checks and daily safety checks of specialist equipment such as autoclave, resuscitation equipment and drugs fridge. We found that the annual portable appliance testing was due in November 2020 and this was booked to happen in the coming week.
- There was a service level agreement with an external provider to give assurance surrounding fire extinguisher checks and a certified inspection of the premises.
- Waste was separated and disposed of. There was a service level agreement in place with a provider to collect clinical waste. The clinical waste was disposed of in suitable bins which were stored outside the property. The locked bins were stored in a gated compound.
- The service had enough suitable equipment to care for patients safely. Storage facilities were clean tidy and there were risk assessments and rotation processes in place to ensure safe use of disposable and hazardous items.

Surgery

- The service was fully compliant with the health and safety audit undertaken in September 2020. The audit included equipment integrity, portable appliance testing checks and staff training regarding control of substances hazardous to health (COSHH) and manual handling.

Assessing and responding to patient risk

- **Staff completed risk assessments for each patient and removed or minimised risks.**
- Prior to consultation patients were asked to complete a form which included age, past medical history, medications, allergies, previous treatments and photographs of areas of concern. This information was reviewed and discussed at the patient's first teleconsultation with the surgeon to determine best course of treatment and maintenance therapy and side-effects. Patients were also advised that they may need an overnight stay, in a local hotel post-operatively if they were travelling a long distance.
- Doctors were aware of the need to assess mental health as part of their initial assessment.
- All patients had a minimum, two weeks cooling off period between agreeing a plan and date of treatment. Once a patient decided to go ahead, they were given clear financial information and had a minimum of two weeks cooling off period between decision and treatment.
- Patients had an appropriate surgical preparation to minimise infection risk. However, staff did not use a safer surgical checklist when checking patients in and out of surgery. When we fed this back to the provider, they took immediate action and adopted the use of the world health organisation checklist. This needed to be implemented and embedded into practice.
- Patient observations (temperature, blood pressure and pulse) were recorded on a patient record at the start and end of each procedure. Oxygen saturation was also taken; however, there was no space on the patient record to record this. It was recorded on a separate operation note. We reviewed records for ten procedures undertaken from July 2020 to December 2020. All ten procedures showed that temperature, blood pressure and pulse were taken at the start and end of the procedure. However, recording of oxygen saturation was inconsistent and was missing in five out of the ten records.
- Procedures could last several hours, and staff told us observations would be repeated during the procedure if the patient felt unwell. For example, if a patient was light-headed or had any signs of a tremor or complained of pain or discomfort. As the standard paperwork did not give space for additional recordings this would be recorded on the operation note. None of the patient records we looked at indicated that interim observations had been taken and recorded.
- The surgeon we spoke with was knowledgeable about potential toxicity from using too much local anaesthetic and signs and symptoms to look out for. The service recorded the patient's height and weight on the operation note so the surgeon did not exceed the recommended dose for each patient. However, the drug calculation and maximum recommended dose was not recorded in the patient's record.
- We saw and were told that staff regularly checked on the patient's comfort and condition throughout the day. They ensured the patient had plenty of comfort breaks to take regular drinks, use the toilet if needed and to have a meal break. Again, this information was not recorded.
- All staff were trained in basic life support and if a patient became unwell there was a process in place to instigate basic life support and dial 999 for emergency services and transfer. Two of the doctors had current certificates in advanced life support. The service kept emergency drugs for anaphylaxis and a defibrillator. Emergency life support equipment was checked daily and this was recorded.
- Post operatively patients were given a clear discharge plan regarding the care & treatment of the scalp this included; scalp care, pain management and the importance of taking the prescribed post-operative medications and maintenance. Clients were also discharged with a DVD covering scalp care post operatively
- Follow up appointments happened at days two, seven, then at three, six and twelve-months. Patients were given contact numbers for the clinic for the surgeon and registered manager for post-operative advice.

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. The registered manager regularly reviewed and adjusted staffing levels and skill mix.**
- The clinic currently employs six full time hair technicians, two of who are trainees. The service had recently made the decision not to continue using freelance hair technicians and had employed enough staff to cover the service appropriately.
- The registered manager also works in the service as a hair technician when necessary and undertakes scalp micropigmentation.
- Medical staff included a surgeon and two associate surgeons who worked under supervision of the surgeon.
- There were competency-based training programmes and assessments in place for the hair technicians. Staff told us that they were inducted by the registered manager and assigned a mentor to work throughout the preceptorship period. New hair technicians were expected to observe treatments undertaken over a two-month period then work alongside the mentor for individual assessment of competency.
- The clinic also employs a part time compliance manager and a part time human resource specialist.

Records

- **Staff kept records of patients' care and treatment however they were not always complete, with all relevant information recorded.**
- Five out of the ten records we reviewed were not complete. Recording of patient oxygen saturations was missing in five sets of records. Comfort breaks and regular pain / comfort / condition checks were not recorded.
- The patient documentation did not lend itself to recording details such as pre and post-operative oxygen saturation, height and weight and calculation of safe maximum dose of local anaesthetic. Height and weight were hand written on the operation note or noted on the edge of the patient document and were sometimes difficult to find. When we fed back this concern, the provider took immediate action to improve the patient documentation and added fields to the document for the missing information.
- A records audit was last undertaken February 2019, and an action plan was in place. Learning and actions were evident and shared with staff in February 2020, however, no further records audit had been instigated since this date. Improvements had not been made. Since the inspection the provider has updated the format of patient records to aid compliance with standards, updated the action plan, developed an audit tool and prepared a presentation for all staff regarding record keeping, to be delivered at the next team meeting. Initial weekly audits have been introduced to ensure record keeping standards are improved quickly and early results show improvement.
- Records were stored securely and easily available to staff providing care.
- All patients were asked for approval to share photographs and testimonials following treatment, and this was recorded on the consent form.

Medicines

- **While restricted medicines were within a locked room they were not kept in a locked cupboard. Although the maximum safe amount of local anaesthetic and actual dose were calculated this was not always clearly recorded. Other medicines were stored securely, and staff followed safe systems and processes when prescribing, administering, and recording use.**
- We found a restricted medicine was kept in a separate locked room but not in a locked cupboard. When we fed this back to the provider, they took immediate action to purchase and install a suitable lockable storage cupboard.

Surgery

- Staff told us medical staff only administered local anaesthetic. We saw that the patient's height and weight was available for doctors to calculate maximum recommended doses of local anaesthetic. Doctors recorded the numbers of ampoules of anaesthetic used but did not calculate and record the actual total dose given. Drug calculations to establish a maximum safe dose were not recorded.
- The unit prescribed and dispensed medicines to its patients and had a contract with a local pharmacy for supply.
- Other medicines were stored securely, and access was restricted to authorised staff. There was a robust process in place to rotate and check stock to ensure this did not go out of date and reduced the risk of this type of error. The treatment room had a lockable refrigerator for medicine storage.
- There was instruction for staff to take if the refrigerator was outside of safe temperature range and who to escalate this to.
- The service did not use controlled medicines.
- Patients were asked to complete a pre consultation questionnaire as part of the assessment for treatment process. This covered current medications, known allergies and past medical history.
- Medicines prescribed and dispensed were recorded in a log book with batch numbers and expiry dates to ensure an audit trail was in place in case of adverse drug reaction or a subsequent patient safety alert.

Are Surgery well-led?

Inspected but not rated 

We did not rate well-led as this was a focused inspection:

Leadership

- **Leaders had the integrity and abilities to run the service. Where they identified gaps in their own skills or abilities, they took appropriate action to compensate for this. They 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.**
- A registered manager and a medical director led the service. The registered manager had identified some gaps in their capacity, knowledge and expertise and had recently hired a temporary compliance manager and a human resource specialist to provide advice and support to the business. The registered manager was also in the process of hiring a full-time practice manager to support running the clinic to enable the registered manager to continue working clinically.
- The hair technicians had all been hired in the last six-months when the provider had decided to stop using freelance technicians. There was a mix of experienced, junior and trainee hair technicians. The staff we spoke with told us the clinic was a good place to work, the leaders were supportive, and they felt they were being trained well to do their jobs.
- We found that the registered manager and clinical director were knowledgeable and approachable. They had a good understanding of the opportunities, risks and challenges the service faced.
- The registered manager went out of their way to engage with all staff to make sure they felt welcomed, supported and part of an inclusive team. They worked closely with staff and were available daily.
- The registered manager collected patient feedback and acted on anything they could improve. We found the provider to be very responsive to any issues we raised, and they took immediate improvement actions.
- Leaders were members of professional networks and groups and attended relevant conferences and learning events to ensure they were up to date with best practice, so they could develop and improve their service.

Governance

Surgery

- **The provider did not have an established governance structure and processes to manage risks and performance. They did monitor clinical outcomes and patient feedback, but this was not collated or recorded. There was no systematic approach to audit and improvement. We were not assured that the process of safe recruitment and maintenance of staff records was thorough.**
- There was little oversight of essential human resource information such as; references, training, appraisal and revalidation. However, staff were clear about their roles, were well supervised and had opportunities to meet, discuss practice and learn from each other.
- We looked at eight staff files including the registered manager and medical director. We found that revalidation and appraisal information was missing for two of the three doctors. This information was provided post inspection. Five out of the six employed staff records were missing references. However, DBS, right to work and hepatitis B status was recorded in all records. When we fed back our concern, the provider took immediate action to chase references which had not been forthcoming from previous employers during the Covid pandemic.
- Although references had not been provided for all staff, new staff did not work alone and were always supervised throughout their training and probationary period. The registered manager told us that any staff with outstanding information would not work unsupervised or unaccompanied until all information was received.
- Training compliance was good but there was no process in place to check all staff had completed all modules or to alert the manager or staff regarding when refreshers were due.
- The service informally monitored clinical outcomes and told us they had never had a surgical site infection. It prided itself on this achievement and provided regular follow up appointments to patients, so they were confident they had not missed any episodes of infection. However, patient outcomes were not formally collated or recorded.
- The service monitored feedback patients gave on public domains such as; “Google reviews”, “Real self” and “Doctify”. Feedback we looked at was very positive. However, patient feedback was not formally collated or recorded.
- Relevant audits were undertaken but there was not a systematic approach to repeating these or using the findings to improve practice.
- The registered manager had introduced regular staff meetings. We saw from minutes that meetings had a set agenda and covered: a catch up, incidents, risks, new equipment, training, staffing and any other business. Actions were reviewed and evidenced within the minutes.
- The registered manager had recognised that human resource processes required improving and had hired a human resource specialist to help them with this. Work had already started and was well underway to review and update all human resource policies and procedures.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Regulation

Surgical procedures

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose

The operating rooms were not adequately ventilated to mitigate the risk of surgical site infections. Regulation 12 (1)(2)(d)

Regulated activity

Regulation

Surgical procedures

Regulation 17 CQC (Registration) Regulations 2009
Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983

The provider did not have systems and processes in place to consistently assess, monitor and improve the quality and safety of the service.

The provider did not have complete records in respect of each service user.

The provider did not have complete records in relation to persons employed in the service. Regulation 17(1)(2)(a)(d)