

Restorehairclinics Limited

Restorehairclinics Limited

Inspection report

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Date of inspection visit: 23 November 2022
Date of publication: 18/01/2023

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

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We rated this service for the first time. We rated it as good 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 well. Staff assessed risks to patients, acted on them and kept good care records. The service took actions and made improvement since last focused inspection in February 2022.

Staff provided good care and treatment and gave patients enough to eat and drink. The registered manager made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

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 emotional support to patients.

The service planned care to meet the needs of patients, 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 were visible and approachable in the service for patients and staff and supported staff to develop their skills. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged well with patients.

However,

The service did not use World Health Organisation (WHO) surgical safety checklist.

'Sharps' were disposed of in the incorrect bins.

The service did not have effective systems to store and check some medicines.

There was fine dust on the resuscitation trolley.

The provider did not keep any record of the follow up calls within patient's notes.

The service did not use any formal pain scoring tool to assess pain, did not record pain in detail in patient's record and did not audit pain.

The provider displayed incorrect information for staff as which organisation to contact in case of a sharp's injury.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

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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 18 years. There are two methods of hair transplantation: follicular unit transplant and follicular unit extraction. The service provided follicular unit extraction. In follicular unit extraction (FUE), 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 doctor working at the clinic and owned the clinic. The service employed three hair technicians and one administrative staff. All the hair transplant treatment was carried out by the doctor.

We previously carried out a focused inspection of this service on 8 February 2022 but did not rate it at that time.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 23 November 2022. During the inspection, we visited the reception area, consultation room and treatment room. We previously carried out a focused inspection of this service on 8 February 2022 based on concerns about infection prevention and control. We did not rate the service at that time.

During the inspection visit, the inspection team, spoke with the registered manager, hair technicians and the administrative staff. We reviewed five patients' notes and looked at a range of policies, procedures and other documents relating to the running of the service. We reviewed patients' feedback available on the clinic's website and we spoke with one patient.

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 provider must use World Health Organisation (WHO) surgical safety checklist. (Regulation 12)

Summary of this inspection

The provider must use correct sharps bin for the disposal of sharps. (Regulation 12)

The service must ensure that there are effective systems to store and check medicines. (Regulation 12)

Action the service SHOULD take to improve:

The provider should keep the resuscitation trolley dust free.

The provider should have effective systems to keep record of the follow up calls made to patients within their medical notes.

The service should have effective systems to assess, record and audit pain.

The provider should display correct information for staff in relation to which organisation to contact in case of a sharp's injury.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Requires Improvement 

We rated this service for the first time. We rated safe as requires improvement.

Mandatory training

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

Staff received and kept up to date with their mandatory training. All staff had up to date mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training required to be undertaken by all those who worked for the service included: fire safety, equality and diversity, infection control, safeguarding adults and children, manual handling, basic life support and information governance.

Safeguarding

Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.

There was an up-to-date safeguarding policy. All staff we spoke with knew how to escalate safeguarding concerns or demonstrated awareness of potential safeguarding issues. All clinical and non-clinical staff completed safeguarding adults and children training (level two) as part of their mandatory training. The doctor had completed level three adult and children safeguarding training and was the nominated safeguarding lead.

All staff were aware of the chaperone policy. All staff were booked to undertake chaperone training and we saw evidence of that.

Cleanliness, infection control and hygiene

The service control infection risk. Staff used personal protective equipment and cleaned equipment after patient contact. However, Staff were not using correct sharp bins for the disposal of sharps

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There was an infection control policy that was in date. The hair transplant procedure is a clean procedure which did not require use of aseptic technique. All staff were 'bare below the elbows' which enabled effective hand washing and all staff cleaned their hands before, during and after patient care in line with the World Health Organisation guidance on the "five moments for hand hygiene". 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.

Most clinical areas were clean and had suitable furnishings which were clean and well-maintained. The technicians were responsible for cleaning and preparation of the clinical room before and after procedures. Staff conducted regular audits of all areas which checked compliance against the clinic's policy for cleanliness, infection control and environmental maintenance. A range of audits indicated good compliance with infection prevention and control policies and procedures. However, we found fine dust on the resuscitation trolley on the day of inspection.

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.

At the last inspection, the service was not undertaking its own Legionella risk assessment. At this inspection we found that this has been rectified.

There was a staff noticeboard in the treatment room, which displayed guidance on the disposal of sharps, sharps injury management, single use items, putting on and removal of PPE. At the last inspection, we found that 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. At this inspection, we found that though the policy has been updated, the flow chart in the treatment room showed incorrect details of the organisation to contact. The flow chart stated to contact occupational health, this was incorrect as provider did not have occupation health referral clinic. The correct process would be for staff to contact the nearest emergency department in case of sharps injury.

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. The clinic had a service level agreement with another provider onsite for sterilisation of reusable instruments. All reusable instruments were cleaned and sterilised after patient contact. At the last inspection, 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. At this inspection, we found that this has been fully rectified and reusable instruments were no longer cleaned at the handwashing sink and were taken directly to the decontamination area appropriately.

At this inspection, we found that issues around appropriate storage of mops, buckets and no clean and dirty zone identified at the last inspection, had been rectified. We saw that the mops and buckets were removed to a separate cleaning cupboard where the colour coding system for cleaning was displayed.

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

Surgery

The design, maintenance and use of facilities and premises keep people safe. Staff mostly managed clinical waste well.

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. Since the last inspection, the ventilation system has been replaced. Invasive procedures, such as hair transplants, required clinical ventilation to reduce the risk of surgical site infection.

Since the last inspection, the provider has replaced the cracked light. The new light was in use in the treatment room.

Since the last inspection, the provider has made improvement in carrying out checks on equipment. All equipment had a portable appliance test completed. We were assured that there was a clear process for ensuring that equipment was effectively maintained on an on-going basis.

A resuscitation trolley was available in the treatment room. Staff carried out daily checks of emergency equipment.

At the last inspection, we found some cleaning products stored 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. At this inspection, we found that the provider has rectified this, with relevant COSHH risk assessments. There were sufficient control measures in place to prevent or reduce exposure to these hazardous substances.

At the last inspection, we found that staff did not dispose of some clinical waste well. At this inspection a sharps bin with an orange lid 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 informed that they sought advice from the contracted external waste disposal company and their advice was that the clinic can use the orange lid bins to discard medicine vials, if the medicine vials were empty. We informed the registered manager that this was incorrect advice as even empty medicine vials will have residual medicines and hence can be combustible and require different incinerators. Following this inspection, the provider placed correct yellow lid sharps bin and sent us evidence of that. At the last inspection, the clinical waste consignment notes provided did not list the service as the producer of the waste, as the collection of clinical waste was part of an agreement with the landlord for the premises. 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. At this inspection we found that the provider has rectified this.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. However, the provider was not using the surgical safety checklist.

There was an admission and exclusion criteria policy. The provider informed us that for hair transplant surgery majority of the patients were fit and well with no past medical history, no drug history and no history of adverse reactions. All procedures were low risk and performed under local anaesthetic. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw evidence of pre-assessment and medical history completed in five patient

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records we looked at. A medical history was taken for all patients to identify any patients which would be at higher risk. The service would refer patients to relevant specialties to ensure patients were fit for surgery. For example, patient with diabetes or heart problems or any other co-morbidities. The doctor would assess, discuss and record every patient's psychiatric and emotional health to determine if patients had body image issues in line with professional guidance.

There was a patient deterioration policy. Staff told us actions they would take if a patient was at risk of deterioration. All staff were adult immediate life support trained. In the case of emergency assistance would be sought by telephoning 999. The service had a sepsis policy. All clinical staff has received sepsis awareness training.

However, the provider was not using the World Health Organisation (WHO) safety checklist for patients throughout the perioperative journey to prevent or avoid serious patient harm. The provider informed us that they use the whiteboard in the treatment room for start and stop time however this was not recorded in patient's notes. This was not in line with national recommendations (NPSA) National Patient Safety Alert: WHO Surgical Safety Checklist. Following this inspection, the provider informed that they would introduce the full checklist immediately.

Patients were given written aftercare instructions, early stage and later stage review appointments before discharge home as well as a 24-hour telephone number.

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.

There was one doctor who completed all the surgical hair transplants. The service employed three full-time hair technicians. All staff we spoke with felt the staffing levels were sufficient to cover the work required. There was a formal induction process for new staff, which we saw documented. The provider carried out staff checks at the time of recruitment or hiring a technician. Disclosure and Barring Service (DBS) checks were undertaken on all staff members. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The clinic had a small team, with low staff sickness and turnover. The clinic did not use any bank or agency staff. The registered manager told us that patient appointments and surgical procedures were only scheduled when there were the correct number of staff, if a short notice absence occurred then the patient appointment would be rearranged.

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.

All patient records were electronic. Any paper forms were scanned and stored electronically and there were no delays in staff accessing patient records when they were required.

Patient notes were comprehensive, and all staff could access them easily. The doctor fully completed patient records and included details such as clinical assessments, risk assessments, medicine, allergies, and consent. We reviewed five patient records and found all of them had an adequate treatment plan documented and signed. The notes were legible and comprehensive. The service did not carry out any audits of documentation as the electronic record system had built-in mandatory fields which meant that all key information was entered into the patient's record.

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Medicines

The service used systems and processes to safely prescribe, administer and record medicines. However, they did not store all medicines correctly.

There was a medication management policy. Antibiotics were prescribed in line with best practice.

The service did not use any controlled drugs. Allergies and medication given to patients were clearly documented in records. All medicines in the medicine stock we checked were within date and stored appropriately. However, we found eight boxes of local anaesthetics within the medicine fridge that did not match with the logbook. The provider informed that they don't use those local anaesthetics anymore and will remove those immediately. Following inspection, we saw evidence that those medicine were removed from the medicine fridge. All medicines within the resuscitation trolley were stored correctly and staff carried out weekly checks. There was a service level agreement (SLA) with a local pharmacy in place for the supply of medicines.

Staff followed systems and processes to prescribe and administer medicines safely. No medicines were dispensed to patients to take away. The doctor prescribed medicines using private prescription for patient to purchase from pharmacy.

We found that the provider had stock of several bottles of prescribed medicines used for topical application in the cupboard in the doctor's consultation room. However, these medicines were not kept in the lock cupboard. We highlighted our concern with the provider. Following the inspection, we saw evidence that the provider has removed those medicines from unlocked cupboard and stored them appropriately.

Incidents

The service managed patient safety incidents well.

The clinic had a policy in place to guide staff on how to report any incidents. Incidents were reported using paper forms and staff we spoke with were aware of how they would report incidents. In the last 12 months, the service reported no serious incidents or never events.

Staff understood the duty of candour. They were open and transparent and understood their responsibility to give the patient a full explanation if things went wrong. In the 12 months prior to our inspection, there was no incident meeting the threshold of duty of candour to be applied.

Are Surgery effective?

We rated this service for the first time. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The registered manager checked to make sure staff followed guidance.

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Staff used policies related to care including; safeguarding vulnerable adults, complaints, and consent. These were up to date with consideration of national guidance from the National Institute for Health and Care Excellence (NICE) and Royal College guidelines.

Both pre-operatively and post-operatively, the service complied with the evidence based best practice. The service carried out regular audits. This included infection prevention and control audits, records and consent audits.

Nutrition and hydration

The service provided nutrition and hydration.

Patients always had access to hot and cold beverages in waiting areas. Biscuits or sandwiches could be obtained for patients if required. The procedures undertaken at the clinic did not require patients to fast beforehand.

Pain relief

Staff verbally assessed and monitored patients regularly to see if they were in pain. However, the service did not use any formal pain scoring tool to assess pain, did not record pain in detail in patient records and did not audit pain.

Pain was measured by verbal report of the patient, on a scale between zero and 10. The doctor routinely assessed for pain when it was clinically indicated and during and after operations. The doctor told us that they would assess pain throughout the procedure, but more specifically every 45 minutes during the procedure, as by that time the local anaesthetic would start to wear off and would need to be re-administered. However, the clinic did not use any formal pain assessment tool. The clinic also did not record any details of pain management within patient's notes. The clinic also did not carry out any pain audit. We highlighted our concern with the doctor. Post inspection, the provider introduced a pain assessment tool and we saw evidence of that.

All patients were prescribed paracetamol or co-dydramol for pain control following a procedure.

A post-operative information leaflet, given to each patient, included guidance on pain relief that should be taken once at home.

Patient outcomes

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

The service measured outcomes on a visual basis, taking 'before' and 'after' pictures of patients, if they consented. This also enabled patients to see visual changes after procedures. Patients were seen at three, six and 12 months after their procedure for a follow-up appointment to review their results. The service monitored clinical outcomes at each follow-up appointment by taking pictures of the surgical site. The doctor indicated that it requires a minimum of 12 months post-surgery for the full effect of treatment to become apparent. Contact details of the doctor were given to patients along with instructions to contact the service at any time should any complications or questions arise. In the last 12 months, there were zero surgical site infection.

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Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were positive about career development and training opportunities in the clinic.

At the time of the inspection, 100% of the staff had completed emergency first aid training or adult immediate life support (ILS).

The registered manager gave all new staff a full induction tailored to their role before they started work. The registered manager undertook yearly appraisals with staff and there were meetings for staff to discuss their development needs. Staff gave positive feedback regarding their development and felt supported. At the time of inspection, the appraisal rate was 85% for staff.

The doctor was licensed with the General Medical Council (GMC), had a current appraisal, medical revalidation and had undertaken training relevant to his role. The doctor was a member of the International Society of Hair Restoration Surgery.

Multidisciplinary working

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. All staff we spoke with told us communication was excellent at the clinic, being such a small team meant they were able to have their say, get feedback and report any problems immediately. Regular monthly team meetings were held, which supplemented the general day-to-day staff contact. The meetings were used to provide more formal feedback on previously raised issues, and to give an open forum to raise new matters. The patient co-ordinators liaised with patients' GPs regarding the patient's medical history. The patient had a choice to decline it. The doctor informed that explained that for medical cases, a supporting letter from the patient's GP would be required to confirm fitness to undergo a procedure. Patients who declined GP contact were provided with a letter for them to give to their GP at a time of their choosing. In the patient records, we saw evidence that patients were asked whether they consented for their information to be shared with their GPs. Staff described a positive working environment where they felt respected and were able to raise concerns with their colleagues if they needed to.

Seven-day services

Key services were available five days a week to support timely patient care.

The service provided clinics Monday to Friday 8am to 8pm and occasional consultation appointments on Saturday.

Health promotion

Staff gave patients practical support.

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An aftercare follow-up call and advice leaflets were given to patient at the end of the treatment which included a specialist regime to follow to get the best results from the procedure. The doctor assessed each patient's health at consultation and follow up stage and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They ensured that patients were given a cooling-off period of at least 14 days between stages.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The doctor discussed consent for surgical procedures during appointments. Staff gave patients time to discuss any concerns at additional appointments and time to think about their treatment options. Staff told us that if there was any doubt around a patient's capacity to consent then the treatment would not take place. A cooling-off period of two weeks was observed by the service in line with Royal College of Surgeons Professional Standards for Cosmetic Surgery. This was observed in all five records reviewed during the inspection.

Staff gained written consent for all operations and recorded them in patient's records. Consent was a mandatory field within the electronic patient records. Consent was documented in all five patient records we reviewed.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Surgery caring?

We rated this service for the first time. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. Staff understood and respected the individual needs of each patient taking time to understand why the patient had sought treatment and what their expectations were. Staff gave examples of how they gave reassurance to nervous patients having a surgical operation. This included the use of humour, holding a patient's hand and planning for a relative to be available for them as soon as possible following their procedure.

The patient we spoke with said that staff treated them well and with kindness and all feedback was positive about the staff and the care they received.

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Between May 2022 and October 2022, patient survey showed that 100% of patients answered 'yes' when asked if staff were caring. However, the patient survey response rate was very low, the doctor informed us that they were modifying the survey and making it shorter, to encourage more patients to complete it. Patient's feedback on clinic website was all positive.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff cared for patients and were attentive to their needs during interactions.

Staff supported patients and helped them keep their privacy and dignity. Where patients had cultural and religious needs, staff were flexible in accommodating their needs. This included chaperone arrangements which were available if examinations were needed and all aspects of treatment were explained with respect if patients were unhappy with a certain approach.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. They gave patients the opportunity to ask questions about their care and treatment. The patient we spoke with told us that the treatment was clearly explained to them and they felt involved in making informed decisions about their treatment.

Staff knew the needs of patients in advance of their appointment. This included the arrangements for the support of patients that required translation services. Patients were informed about fees before visits when making appointments. All costs were discussed and agreed upon with the patient. The patient told us that the cost was clearly explained to them.

Patients could give feedback on the service and their treatment. Between May 2022 and October 2022, patient survey showed that 100% of patients answered 'yes' when asked if staff listen to them. The patient we spoke with praised the provider for the detailed explanation of treatment and also for the emotional support provided during treatment.

Are Surgery responsive?

We rated this service for the first time. We rated responsive as good.

Surgery

Service delivery to meet the needs of local people

The service plan and provide care in a way that meet the needs of patients.

Facilities and premises were appropriate for the services being delivered. The clinic was open Monday to Friday and provided consultations and elective hair transplant surgery by appointment only. The clinic accommodated request for consultation on Saturdays. The clinic provided hair transplant procedures to patients aged over 18 years. No procedures conducted involved an overnight stay at the clinic.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff would enquire if patients had special needs or required additional support when booking appointments; this allowed staff to plan for appointments. Staff made sure patients could get help from interpreters or signers when needed.

The service made reasonable adjustments to patient's additional needs. There was a ramp available and a lift to access the first floor where the clinic was located.

Staff used patient information to provide care and treatment in a safe way and eliminate risks. We saw detailed pre- and post-operative information leaflets available and provided to patients. This included a contact number if the patient had any questions or concerns. All patient received a follow up call on next day. However, no record of the follow up call was kept in the patient's record.

Access and flow

People could access the service when they needed it.

Patients could arrange an appointment by telephone or on the website which appeared easy to use. There was no waiting time and all procedures were booked in advance at a time to suit the patient. The patient we spoke with told us they were able to access the service when they needed to.

Between November 2021 and October 2022, there were 498 consultations of which 284 were new consultations, 132 were follow up consultations and 82 were post operation follow up consultations. In the same time period, there were 184 hair transplant procedures.

The service monitored when patients had not attended on an individual basis. Staff said that it has never happened when patient may not have attended but if that is the case then they will contact the patient to rearrange the appointment in line with their wishes.

Learning from complaints and concerns

Surgery

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients knew how to complain or raise concerns and were given contact details following treatment.

Patients knew how to complain or raise concerns. The clinic website had a contact email to provide any feedback. Though there was one formal complaint in the last 12 months. Staff understood the policy on complaints and knew how to handle them. The service recently applied for the Independent Sector Complaints Adjudication Service (ISCAS) subscription and was awaiting confirmation. We saw evidence of this. The service reviewed all feedback provided via online feedback platforms. Staff could give examples of how they used patient feedback to improve practice.

Are Surgery well-led?

Good 

We rated this service for the first time. We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service.

The doctor was also the registered manager and the safeguarding lead. An administrative staff and three hair technicians supported the doctor. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients.

The registered manager supported staff to undertake training to develop their skills. The registered manager discussed career development of staff at their appraisals. Staff spoke highly about the registered manager and felt supported and valued.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The vision and business plan were focused on expanding the services and appointing more staff. The registered manager and management staff understood and knew how to apply those plans in practice monitor progress. Staff we spoke with were able to tell us the general ethos of the service.

Culture

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

Surgery

All staff we spoke with were positive about the service, they felt respected, supported, and valued. We saw cooperative and supportive working during the inspection and heard how staff work collaboratively.

Staff said they felt comfortable raising concerns with the registered manager. Staff spoke of a friendly and inclusive environment.

Governance

The service had an appropriate governance system. The registered manager and staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a governance system which was appropriate for the size and scope of the service. The registered manager had monthly governance and staff meetings to give information to staff face to face. An audit programme was in place to monitor the quality of services being provided. The audit plan included infection prevention and control audits, record keeping and consent audits. Staff underwent the appropriate employment checks.

From the meeting minutes we reviewed, there was evidence that leaders discussed, shared, and acted upon information. The information included incidents, complaints and leadership updates. Staff could raise operational concerns both at meetings and directly with the registered manager.

Management of risk, issues and performance

Leaders and staff used systems to manage performance 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 kept a risk register. The risk register recorded the location of risks, a brief analysis, a description, the severity and likelihood rating, any mitigation measures, a responsible person and a target date to review. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety, infection control, COVID-19 and legionella. The service was responsive to the areas of improvement and took immediate actions to rectify risks identified during the inspection. For example, all unlocked and not in use medicines were removed, the sharps bins were replaced on next day and provider was already working on implementing the pain score and WHO checklist.

The service had a business continuity plan and valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Staff had access to electronic patient records on the clinic's computer systems. Staff kept confidential documents such as patient notes secure and locked when they were not in use. There was General Data Protection Regulation (GDPR) policy that staff followed. Photographs of patients' treatment areas were stored electronically. There was a valid Information Commissioner's Office (ICO) data protection officer certificate for the registered manager.

Surgery

Information governance was part of the mandatory training. All staff had received information governance awareness training.

Engagement

Leaders and staff engaged with patients to plan and manage services.

The clinic encouraged patients to give feedback about their experiences to help improve services. Staff asked all patients to complete a provider feedback questionnaire about their experience. The service had an easily accessible website where patients were able to leave feedback and contact the service. This showed patients were able to engage with the service online and verbally. The doctor told us they would go through patient comments to identify areas to change or improve the service. The clinic was modifying the current patient feedback survey to improve response rate.

The clinic did not carry out any staff surveys as it was a relatively small team. From speaking with staff, we found that staff at all levels were able to provide feedback and input into the running of the service. All staff told us they felt valued for the work they did, and it was “like a family”.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The clinic was responsive to the initial feedback and took immediate action to rectify the issues identified during this and previous inspections. For example, risk assessing the storage of COSHH products and removing unlocked medicines. Staff were committed and passionate about improving the service they provided. Staff we spoke with wanted to develop the service and themselves to give the best experience for patients.