

# Farjo Medical Centre - Quay Street







## Quality Report

70 Quay Street  
Manchester  
M3 3EJ  
Tel: 0161 237 3517  
Website: [www.farjo.com](http://www.farjo.com)

Date of inspection visit: 14 November 2018  
Date of publication: 29/01/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

### Overall summary

Farjo Medical Centre (the Centre) is operated by Advanced Hair Technology Limited and was founded in 1993. The Centre moved to its current location in central Manchester in 2013 and the premises are solely owned and operated by provider. Facilities are spread over four floors and include three surgery and treatment rooms, consulting rooms, training and meeting rooms, and a lecture theatre. The Centre also has a small photographic

studio to take before and after pictures of patients. Each floor contains accessible toilets, and kitchens for staff use. The Centre has access to robotic equipment that extracts hair grafts for transplantation (although this can also be done manually).

The Centre provides hair transplant surgery and non-surgical treatments including medicines and low

# Summary of findings

level laser therapy to adult patients (aged 18 and over). We only regulate surgical procedures carried out by a healthcare professional where the procedure involves the use of instruments or equipment which are inserted into the body. We do not regulate – and therefore do not inspect - cosmetic procedures that do not involve cutting or inserting instruments or equipment into the body.

There is currently no accredited qualification for hair transplant surgery in the United Kingdom. However, the surgical steps of the procedure should only be performed by a General Medical Council licenced doctor. The surgical steps include the harvesting of donor hair by the strip follicular unit transplant method, making the follicular unit excision incisions, and making the recipient site incisions.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 14 November 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital was surgery.

This is the first time we have rated the Centre.

We rated it as **Good** overall because:

- The Centre controlled infection risk well.
- The premises were suitable for the purposes they were intended for.
- Staff had the right skills to do their job and had opportunities to develop.
- The Centre provided evidenced-based care and treatment and used technology well to improve its effectiveness.
- The Centre actively monitored patient outcomes to improve quality and its services.

- Staff were competent in their role and had high levels of experience.
- The service actively supported staff to acquire and develop new skills and ensured that they shared best practice. The Centre recognised this was integral to ensuring high quality care.
- Staff frequently presented at national and international conferences.
- The Centre took patients' individual needs into account when providing a service.
- Patients could access the service when they needed to, including if they were in another country.
- The Centre worked with a charitable organisation to offer treatment for patients that had suffered burns.
- The Centre had a clear complaint policy and process. Whilst there had been no formal complaints in the 12 months prior to the inspection, staff could explain how a patient concern had led to changes.
- Managers at all levels had the right skills and abilities to run a high-quality service.
- There was a positive culture at the Centre and staff were encouraged to learn and share ideas.
- There was a comprehensive yearly audit, the results of which were presented to staff and used to help shape the service.
- There was positive staff and patient engagement.
- There were clear examples of how the Centre strived to continually improve its service.

However, we also found the following issues that the service provider needs to improve:

- Not all staff had received appropriate mandatory or safeguarding training, or understood what a safeguarding incident was.
- The Centre did not have a comprehensive incident reporting policy.
- The service did not have a formal process for ensuring that patients that did not speak English as a first language had support from someone that could translate complex medical information.

# Summary of findings

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve.

**Ellen Armistead**

Deputy Chief Inspector of Hospitals (North Region)

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating Summary of each main service

Good



We rated this service as good because it was safe, effective caring, responsive and well-led, albeit that there were issues with mandatory and safeguarding training, the incident reporting policy, and access to translation services.

Staff were actively engaged in activities to monitor and improve quality and outcomes. Outcomes for people who used the service were positive and consistent. Staff were proactively supported and encouraged to acquire new skills and share best practice.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Farjo Medical Centre - Quay Street	7
Our inspection team	7
Information about Farjo Medical Centre - Quay Street	7
The five questions we ask about services and what we found	9

---

### Detailed findings from this inspection

Overview of ratings	12
Outstanding practice	24
Areas for improvement	24

---

Good 

# Farjo Medical Centre

Services we looked at  
Surgery.

# Summary of this inspection

## Background to Farjo Medical Centre - Quay Street

Farjo Medical Centre is operated by Advanced Hair Technology Limited. The Centre opened in 1993 and moved to its current location in 2013. It is a private hospital in Manchester, England. The Centre accepts patients from throughout the United Kingdom and worldwide. The service also provides consultation and surgical services from premises in London.

The hospital has had a registered manager in post since 1 October 2010.

The hospital also offers non-surgical treatments such as medicines and laser therapy. We did not inspect these services as we do not regulate them.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in surgical theatres. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

## Information about Farjo Medical Centre - Quay Street

The Centre is regulated to provide:

- Surgical procedures.

During the inspection, we visited the surgical theatres, consulting rooms and lecture theatre. We also saw the robotic equipment and training facilities. We spoke with 11 staff including the directors, surgeons, hair technicians, practice administrator and senior managers. We spoke with two patients and received 11 'tell us about your care' comment cards which patients had completed prior to our inspection. We reviewed ten patient records.

There were no special reviews or investigations of the Centre ongoing by the CQC at any time during the 12 months before this inspection. The Centre has not previously been inspected.

Activity during the August 2017 to July 2018:

- In the reporting period August 2017 to July 2018 there were 350 hair transplant procedures, all of which were privately funded.
- Patient do not stay overnight.

The Centre employed four doctors on full time contracts, two of which were directors of the business. The Centre also employed hair technicians (including two senior

technicians), a surgery and deputy surgery manager, a patient liaison manager, a practice administrator and a house keeper. The Centre did not use bank or agency staff. A director was the accountable officer for controlled drugs.

Track record on safety

- There have been no never events
- There had been no clinical incidents
- Zero serious injuries
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli
- Zero formal complaints

**Services provided at the hospital under service level agreement:**

- Clinical and or non-clinical waste removal.

# Summary of this inspection

- Maintenance of medical equipment.



# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as **Good** because:

- The Centre controlled infection risk well.
- The premises were suitable for the purposes they were intended for.
- Staff completed risks assessments for all patients and liaised with patients' GPs when necessary.
- Staff had the right skills to do their job and had opportunities to develop.
- Staff had good record keeping systems in place and reviewed these to ensure issues were rectified.
- The Centre prescribed, gave, recorded and stored medicines appropriately.

However, we also found the following issues that the service provider needs to improve:

- Not all staff had received appropriate safeguarding training or understood what a safeguarding incident was.
- Staff did not receive comprehensive mandatory training.
- The Centre did not have a comprehensive incident reporting policy.
- There was no learning disability training provided for staff.
- Whilst a waste storage cupboard was locked, a key was left in the door.

Good



### Are services effective?

We rated effective as **Good** because:

- The Centre provided evidenced-based care and treatment and used technology well to improve its effectiveness.
- The Centre monitored and controlled patients' pain well.
- The Centre actively monitored patient outcomes to improve quality and its services.
- Staff were competent in their role and had high levels of experience.
- The Centre also used appraisals to monitor and improve performance.
- The service actively supported staff to acquire and develop new skills and ensured that they shared best practice. The Centre recognised this was integral to ensuring high quality care.
- Staff frequently presented at national and international conferences.

Good



# Summary of this inspection

- Staff ensured that patients had sufficient time to provide informed consent for surgery.

## Are services caring?

We rated caring as **Good** because:

- Staff cared for patients with compassion, and there was good patient feedback.
- Staff supported patients to reduce their stress and anxiety levels.
- Staff involved patients in decisions about their care and treatment.

**Good**



## Are services responsive?

We rated responsive as **Good** because:

- The Centre took patients' individual needs into account when providing a service.
- Patients could access the service when they needed to, including if they were in another country.
- The Centre worked with a charitable organisation to offer treatment for patients that had suffered burns.
- The Centre had a clear complaint policy and process. Whilst there had been no formal complaints in the 12 months prior to the inspection, staff could explain how a patient concern had led to changes.

However, we also found the following issues that the service provider needs to improve:

- The service did not have a formal process for ensuring that patients that did not speak English as a first language had support from someone that could translate complex medical information.

**Good**



## Are services well-led?

We rated well-led as **Good** because:

- Managers at all levels had the right skills and abilities to run a high-quality service.
- There was a positive culture at the Centre and staff were encouraged to learn and share ideas.
- There was a clear organisational structure.
- There was a comprehensive yearly audit, the results of which were presented to staff and used to help shape the service.
- There was positive staff and patient engagement.
- There were clear examples of how the Centre strived to continually improve its service.

**Good**



# Summary of this inspection

However:

- The Centre did not have a formal strategy or vision for the service.






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are surgery services safe?

Good 

We rated safe as **good**.

### Mandatory training

- The service did not provide mandatory training in key skills to all staff.
- The Centre used an external training company that provided annual mandatory training in moving and handling, resuscitation (which was in line with the Resuscitation Council's (UK) guidelines), the use of an evacuation chair, and fire safety. All staff were up to date with this training.
- There was no regular mandatory training in such things as infection control, equality and diversity, information governance or conflict resolution. However, these topics were covered as part of staff induction.
- Whilst regular training in infection prevention and control was not mandatory for all staff, the service had quality control measures in place for monitoring infection risks and reacting accordingly. In addition, the service reported annually on surgical site infections and there had been none in the last 12 months.

### Safeguarding

- The service did not provide safeguarding training to all staff.

- The Centre had two doctors trained to adult safeguarding level two, and two doctors trained to adult safeguarding level three. However, the Centre had not provided safeguarding training to any other members of staff.
- A member of staff (a hair technician) we spoke with could not articulate what a safeguarding incident was.
- The Centre had reviewed its safeguarding policy in October 2018. It clearly set out staff responsibilities for reporting concerns and provided details of the local authority and safeguarding board.
- The Centre only treated patients aged 18 and over and patients were told not to bring children to appointments. Therefore, whilst staff had not received children safeguarding training, there was no requirement and no risk given the circumstances.

### Cleanliness, infection control and hygiene

- The Centre controlled infection risk well and used control measures to prevent the spread of infection.
- The Centre had an up to date infection control policy. It highlighted that although hair transplants did not require a sterile environment, 'a strict level of hygiene must be maintained to minimise the risk of infection to patients'. The policy referenced appropriate guidance such as National Institute of Health and Care Excellence quality standard 61 – Infection, Prevention and Control.
- The infection control policy set out staff requirements for hand washing including immediately: before and after every patient contact, after exposure to bodily

# Surgery

fluids; removal of gloves; and “any other activity or contact with a patient’s surroundings that could potentially result in hand becoming contaminated”. The policy also described how to effectively wash hands.

- A yearly audit report (the most recent report was published in January 2018) showed that there had been no surgical site infections in the previous 12 months.
- The Centre used a surgical care plan with surgical site infection bundle – a plan to provide optimal care to reduce the risk of infection.
- The areas we visited were visibly clean and tidy.
- Prior to surgery, patients had their hair cleaned with an antiseptic and disinfection wash to help prevent infections.
- Surgical areas had hand wash facilities (sink and surgical scrub area). All clinical areas had flooring that could be easily cleaned.
- Theatre staff wore appropriate clothing and footwear to reduce the risk of infections during hair transplant procedures. The Centre’s infection control policy set out what personal protective equipment to wear in different environments.
- Most of the surgical equipment used by the Centre was single use and was disposed of following surgery.
- A third-party company managed clinical waste and there was a service level agreement in place that set out how often waste would be removed. The agreement referenced the Hazardous Waste Regulations (England and Wales) 2005 and Environmental Protection Act 1990.
- Whilst clinical waste was stored in a lockable room, we observed that the keys were left in the door all day. However, the storage area was in the basement which was not an area that would be visited by patients, so any risks were minimal.

## Environment and equipment

- The Centre had sustainable premises and equipment and looked after them well.
- The Centre had robust security systems in place with key fob access to various areas including theatres and the records archive room. Key fobs were programmable so only staff with the relevant clearance could access certain areas.

- The patient waiting area was small but offered privacy for patients. It had a television and magazines for patients waiting for consultations or surgery.
- Staff had suitable changing facilities that were clean and tidy.
- An up to date fire safety audit had been carried out by a local fire protection service and the Centre was compliant with fire safety standards.
- A third-party contractor conducted safety test of electrical equipment each year and we saw evidence of up to date testing.

## Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The Centre assessed risks to all patients and responded appropriately.
- The Centre had an Emergency Procedures and Equipment Protocol that set out the procedures for the following emergencies: anaphylaxis, cardiac arrest, overdose, fainting, nausea and vomiting and fire. In each situation staff were assigned different responsibilities. For example, if a patient suffered a cardiac arrest, staff would, amongst other activities, secure and maintain the patient’s airway and attach a defibrillator; assist with cardiopulmonary resuscitation; clear the surgical suite of non-essential people; and call 999.
- The Centre’s Emergency Procedures and Equipment Protocol was in line with the guidelines set out by the Cosmetic Practice Standards Authority (the body that sets practice standards for the non-surgical sector). For example, staff had access to adrenalin and oxygen. Staff had easy access to emergency defibrillator and first aid kit which were stored on each floor. Surgeons also received regular basic life support training.
- The Centre had a detailed pre-operative assessment form (specific for male and female hair loss patients). Assessments covered details such as allergies (including anaesthetic), mental health disorders, bleeding conditions and scalp problems. It also recorded details of the patients’ GP. The form contained a drawing of the

# Surgery

patient's current hair loss and the recommended surgical treatment. We saw that the assessments had been appropriately completed for the ten records we reviewed.

- Pre-operative assessment forms had to be signed and dated by a doctor confirming that the patient was fit for surgery, and these were checked by a director. We saw evidence of these checks.
- We saw examples of where the Centre had requested further investigations by a patient's GP before confirming they were fit for surgery.
- The Centre reviewed theatre lists in advance and ensured that the appropriate number of staff were available. Complex procedures were typically carried out in Manchester as the Centre owned the building and had greater flexibility to operate for longer if required.
- The Centre used a safety checklist to ensure that surgery was carried out safely and effectively. Patient records were checked on the day of surgery to confirm there was an appropriate surgical plan in place – this included checking valid consent had been taken. Donor and recipient sites were checked and marked, and post-operative requirements confirmed. Staff recorded the type of surgical instruments used, the manufacturer and quantity (both pre and post-operatively). All operation notes were signed by two members of staff, dated and timed. We observed checks being carried out and all staff were attentive and engaged in the process.
- We reviewed ten patient records that demonstrated staff discussed risks and benefits of the procedures and had given patients time to consider whether surgery was the right option.
- Patients were given the contact number of two surgeons who they could call 24 hours a day, seven days a week if they had concerns after discharge. We saw one example of one patient who returned the following day to speak to a surgeon and this was accommodated by the Centre.
- The Centre recorded a number of aspects of the surgical procedure and stored this electronically, including the type of surgery, start and finish time, number of grafts harvested and the surgeons and technicians present. This allowed easy access to data should patient follow up be required.

## Staffing

- The Centre had enough staff with the right skills training and experience to keep people safe from avoidable harm.
- The harvesting of donor hair by the strip follicular unit transplant method, making the follicular unit excision incisions, and making the recipient site incisions, should only be performed by a General Medical Council licenced doctor. The Centre acted in accordance with this requirement and we saw that all four doctors at the Centre were appropriately registered.
- Theatre staff included hair technicians and senior hair technicians.
- New starters received a three month induction. Hair technicians were also assigned a permanent senior mentor who they could talk to about their skills and development.
- There were weekly diary meetings with administrative staff, the surgery manager and a director. They would discuss theatre lists two weeks in advance to discuss patient acuity and plan staffing levels.
- The surgery manager met surgery staff each morning to check staffing complement and that surgical equipment was ready.
- There were no vacancies at the time of the inspection.

## Records

- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- We reviewed ten records which were clear, legible and demonstrated that pre-operative assessment had been completed before every procedure. All records were signed and dated.
- Records included a surgical care plan which documented patient health issues, medication requirements, travel arrangements and next of kin. The care plan also included confirmation that the patient understood the procedure they had consented to.
- The operation notes we reviewed were clear. They included a record of the type of hair transplant procedure and location of the donor and recipient site. They also contained a record of the pre-operative drugs given. Staff recorded the local anaesthetic used and the

# Surgery

dosage. The notes also contained details of blood loss and intra-operative medication. Any medication used was signed for by two members of staff and included the date and time.

- Records were a mix of paper and electronic. They were initially recorded on paper and then scanned.
- Paper records were kept in archive room and only accessible by staff with the correct key fob access authorisation.
- The Centre completed a record keeping audit in December 2017 and compared electronic notes with paper records. The audit showed that there had been 42 instances (we do not know the sample size) of patients that did not have any information recorded on the electronic system. The Centre identified that these patients had had surgery in London, but on return of the records to Manchester, the paperwork had been immediately filed rather than scanned on the system. The Centre changed its process to ensure that this issue was remedied and the data entered on the system within a week of surgery. The risk of this issue (that electronic information could not be quickly referenced) was low as these patients had a full set of paper records.

## Medicines

- The Centre followed best practice guidelines when prescribing, giving, recording and storing medicines.
- The Centre had an up to date policy to manage medicines that set out the process for receiving and storing medicines. Medicines were stored either within a locked controlled drug cupboard, or nominated locked storage cupboard. The policy also contained contact details for the current medication supplier.
- We observed staff preparing controlled drugs. They completed the log book correctly, confirmed the patient's name, time and date of administration, and the dosage. The log book was signed by two qualified practitioners.
- The Centre used oral diazepam for sedation. It used flumazenil to counteract the effects of sedation overdose. It also had access to other emergency drugs including adrenaline and diazepam. The Centre's medicines policy contained details about the method of administration and any contraindications.

- The Centre disposed of drugs effectively. Expired drugs were removed immediately and their disposal signed by the surgery manager and countersigned by two authorised members of staff, including the controlled drugs accountable officer.
- The medicines management policy confirmed that any Medicines and Healthcare Products Regulatory Agency drug alerts were notified to a director (albeit we did not have the opportunity to evidence whether staff adhered to this policy).
- Temperature controlled drugs such as local anaesthetics and adrenaline were stored in a lockable fridge and temperatures were monitored daily. There was a standard operating procedure setting out the minimum and maximum temperatures and the action to be taken if the temperatures fell outside of that range. However, this was stored in the surgery manager's office rather than next to the medicines fridge. We spoke to the surgery manager about this during the inspection and she confirmed the information would be stored next to the fridge for staff to refer to when necessary.

## Incidents

- Whilst the Centre had an Accidental Injury and Incidence Policy, this focused on accidental injuries to patients and staff, including health and safety incidents. But, there was no provision for other types of incidents, such as information governance – for example, lost or delayed medical records, or disclosure of patient information. Therefore, whilst the Centre had reported no incidents in the 12 months prior to the inspection, we were not assured that this was an accurate reflection.
- Although the incident policy did not cover all areas it should have, the process for reporting an incident was clear and staff could describe this. A form would be completed which went to a manager for review. This would be signed and recorded on incident log so the Centre could review and track previous issues.
- Staff could describe incidents they had reported including a needlestick injury (although this happened over 12 months ago). The member of staff told us they received feedback and there was a change in policy about how needles should be stored during procedures.



# Surgery

- The surgery manager told us that they reviewed any incidents daily and would disseminate any issues to staff immediately.
- As there were no incidents in the last 12 months, we could not highlight any learning from these types of events. However, the Centre told us that whenever there were any changes to practice, including from incidents, they would complete a Change of Practice form that was shared with relevant staff. We saw evidence of this process being followed (albeit not due to an incident).
- The Centre used guidance from the International Society of Hair Restoration Surgery (this organisation promoted best practice for restoration surgery) and the Cosmetic Practice Standards Authority to design its service.
- Resuscitation training was in line with the Resuscitation Council's (UK) guidelines.
- The Centre acted in accordance with the National Institute of Health and Care Excellence quality standard 61 – Infection, Prevention and Control.

## Are surgery services effective?

Good 

We rated it as **good**.

### Evidence-based care and treatment

- The Centre carried out a yearly audit that aimed to “look at various aspects of the working practices of [the Centre] from patient care to administration processes, in order to assess the quality of our services”. The audit reviewed, amongst other things, patient satisfaction data, complications, adverse events, complaints, individual practice reviews and staff assessments.
- The Centre used its yearly audit results to improve patient care. The most recent audit looked at changes in follicular unit extraction and the use of implanters – a technique that could prevent crushing of follicles. The audit found that the use of implanters reduced the number of grafts that could be placed per hour, but that this was largely the result of staff unfamiliarity with a new technique. The Centre planned to provide further training for staff on the use of the new technique as this had benefits relating to the quality of the transplant.
- Some member of staff were members of the Joint Council for Cosmetic Practice (the body that registers practitioners and training providers) and the Cosmetic Practice Standards Authority (the body that sets practice standards for the non-surgical sector and collects data on adverse incidents and complications) – there were no adverse incidents in the reporting period we reviewed.

### Nutrition and hydration

- Staff gave patients enough food and drink to meet their needs.
- The Centre provided lunch for patients (as procedures last all day), and staff checked patients' dietary requirements.
- Whilst patients did not stay overnight, hair transplant surgery could take all day. The Centre provided food for patients who could choose from a selection of sandwiches.

### Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain.
- Patients we spoke with told us that they were given sedation and pain relief during the procedure and that staff regularly checked it was effective.
- We reviewed ten patient records and saw that pain was regularly monitored and relief given when necessary.

### Patient outcomes

- The Centre collected data about patients returning to clinic immediately after surgery. The majority of returning patients (63 from 350) returned to have stitches removed.
- Of the 350 surgeries performed, there were no pre-operative complications, 10 occasions when patients fainted, and one post-operative occurrence of effluvium (hair shedding). There were no cases of surgical site infections or necrosis.
- The Centre reviewed 'did not attend rates' which showed that there was good patient attendance.

# Surgery

- Although we did not see them, the Centre told us it used quality control sheets to monitor grafts and the quality of work done by doctors and technicians.
- The Centre used a photographic studio to help monitor surgical outcomes. Photographs were taken prior to surgery to act as a reference point. Photographs were also taken during follow-up visits eight months and 14 months after surgery to review hair growth. Overseas patients could email photographs if they could not attend a face-to-face appointment.
- The Centre monitored patient outcomes as part of an annual patient survey. Of the 64 patients surveyed, ten said they had a better than expected outcome and 30 outcomes were as expected. Five patients were disappointed. The remainder did not respond.
- Of the patients surveyed, two patients had significant pain, 20 described it as moderate, and 27 described it as minimal. Ten patients did not experience any pain. Five patients did not respond.
- The surgery manager had presented several sessions at the 26th World Congress of the International Society of Hair Restoration Surgery including ‘technician training’, ‘interesting surgical cases’, and ‘tissue slivering’.
- Hair technicians were assigned a senior mentor who they could discuss work with and who also assessed competencies. Hair technicians told us that competencies assessed included number of grafts per hour, patient care, cutting and placing of grafts, and infection prevention and control.

## Multidisciplinary working

- Staff at all levels worked together to provide effective patient care.
- There were regular meetings between administrative staff, managers and directors to plan patient lists.
- Hair technicians had a dedicated senior mentor to help develop their skills.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service made sure that staff were competent in their roles. Managers appraised staff work performance to provide support and monitor the effectiveness of the service.
- All staff had had their yearly appraisal at the time of the inspection, and staff told us that they felt the reviews were beneficial.
- Staff also had more regular one to one meetings with their managers but these were more informal and were not always documented.
- Staff were given the opportunity to attend the national and international conferences with the surgeons to improve their skills. They attended lectures and present to colleagues on their return to share areas of best practice and learning.
- New starters had a three month staff induction programme (both surgery and administration staff).The first month included mandatory training and various written modules including infection prevention and control. The second and third months included more practical training.
- The Centre had a consent policy which was in date.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- All the records we reviewed (which included consent forms) confirmed that patients had received the required 14 day cooling off period prior to consenting to surgery. This was in accordance with the recommendations set out in the Royal College of Surgeons publication ‘Professional Standards for Cosmetic Practice’
- It was the doctors’ responsibility to review and sign all consent forms. The Centre confirmed that four doctors acted in accordance with the General Medical Council’s ‘Good Medical Practice (2013)’ and ‘Consent: patients and doctors making decisions together (2008)’ guidelines on consent and capacity.
- The Centre’s pre-operative assessment form asked patients to confirm whether they had any psychiatric or psychological disorder, or if they had seen a doctor for these conditions. The pre-operative assessment form also asked patients to describe the psychological impact of losing hair.

# Surgery

## Are surgery services caring?

Good 

We rated it as **good**.

### Compassionate care

- Staff cared for patients with compassion.
- We received 11 ‘tell us about your care’ comment cards from patients. Patients told us that staff made patients feel “totally at ease”, and that the surgeons and their teams “were absolutely fantastic”.
- The centre carried out a yearly patient survey. Of the 64 patients surveyed, 59 recommended the service. The remaining five did not respond to the question. A similar number rated the level of consultant care, and the friendliness of the team, either four or five (out of five).
- Consultation rooms were screened from view and offered patients privacy.
- Due to the length of time of the procedure, patients could choose from a list of movies to watch.
- The waiting area for patients, although small, was designed in such a way as to screen them from reception area and any visitors.
- We saw that staff ensured patients’ dignity was maintained in theatres.
- We witnessed staff interacting with patients. They were friendly, calm and professional.
- The two patients we spoke with described the care they received as excellent.

### Emotional support

- Staff provided emotional support to patients to minimise their distress.
- One patient we spoke with described how they were anxious and nervous on the day of inspection but reassurance from staff helped them relax.
- Staff gave us an example of giving additional support to patients suffering from claustrophobia – they helped patients prepare for the procedure by talking to them and showing them videos of the procedure.

- Both patients told us how staff knew them by name and that staff had introduced themselves.

### Understanding and involvement of patients and those close to them

- Staff involved patients in decisions about their care and treatment, including the location of the consultation and surgery (albeit that more complex procedures would be conducted at the Manchester site).
- We spoke with two patients who told us that they were given sufficient time to decide whether to proceed with surgery, and that there were no pressurised sales calls after the consultation.
- One patient completed a comment card stating that staff gave “honest and realistic advice” and that they felt there was “no hard sell or pressure to buy expensive products”.
- The surgeon undertaking the initial consultation also conducted the surgery. This provided continuity of care and provided reassurance for patients.

## Are surgery services responsive?

Good 

We rated it as **good**.

### Service delivery to meet the needs of local people

- The Centre had partnered with a charitable foundation to offer treatment to patients that had suffered burns but had been refused NHS funding.
- The service worked with a wide variety of patients, including transgender patients.
- The building was wheelchair accessible with a car park at the rear which allowed patients to access the building via a lift.
- There was lift access to all floors.
- There were accessible toilets on all floors.

### Meeting people’s individual needs

- The Centre took account of patients’ individual needs.

# Surgery

- There was an evacuation chair to help transfer patients with mobility problems if there were problems with the lifts.
- The Centre only scheduled one patient per day per theatre which allowed longer recovery times if necessary.
- Appointments times were made to suit the patient and consultations could be held in alternative locations to meet their needs.
- There was no formal provision of translation services. Whilst some staff could speak other languages, this was not universal and it was not clear what staff would do if they could not speak the language (the Centre had described having previously used relatives and friends). This was a risk because by not using recognised translation services, patients might not understand complex clinical information and might therefore not be able to provide valid informed consent. This did not follow best practice set out in the General Medical Council's guidelines: 'Consent: patients and doctors making decisions together (2008)'.
- The Centre did not have any training related to learning disabilities.

## Access and flow

- People could access the service when they needed it.
- Appointments were made either by phone, email or via the website, and patients could submit photographs electronically prior to the initial assessment.
- The Centre could use internet video calling for those patients that might be in another country. This was used primarily to establish whether the person might be a suitable candidate and did not replace a face-to-face consultation. Due to their network of contacts, the directors could also recommend surgeons in other countries.
- The Centre's yearly audit reviewed the use of the surgery daily schedule – a paper form that hair technicians had used to structure their day. However, the audit concluded that the form did not allow sufficient flexibility in work schedules during surgery days. A white board was used instead as this allowed staff to make changes on the day, and during surgery, and helped improve efficiency and speed of procedures.

- The Centre followed up with patients eight months and 14 months after surgery to allow time for the follicles to imbed and hair to grow. Consultations would typically be carried out in person to allow a detail examination and reference photographs to be taken. Patients had immediate access to surgeons after the surgery if they had any concerns or post-operative complications.
- The Centre had a mobile hair technician team that operated between London and Manchester sites. This allowed continuity of care for those patients initially seen in London but who required surgery in Manchester.
- In the 12 months prior to the inspection the Centre had not cancelled an operation.

## Learning from complaints and concerns

- The Centre had a clear policy that set out three steps to handling complaints. These included a formal investigation by the Centre, referral to the independent doctors' federation, and then referral to the Independent Healthcare Sector Complaints Adjudication Service.
- The complaints policy set out clear guidelines relating to the timeliness of complaint responses; acknowledgement within three days and formal written response within 20 days. The Centre would also write to the complainant, five days in advance, to notify them if a deadline would be missed (complainants would be given a revised deadline).
- Staff told us about an informal concern raised about the comfort of the chair used for robotic surgery. The Centre bought memory foam pads to improve patient experience and comfort.
- There had been no formal complaints in the twelve months prior to the inspection.

## Are surgery services well-led?

Good 

We rated it as **good**.

## Leadership

# Surgery

- Managers at all levels in the Centre had the right skills and abilities to run the service providing high-quality sustainable care.
- The directors of the business had held several senior positions in external organisations, including president of the British Association for Hair Restoration Surgery. The directors were also members of several international organisations. One director was on the training committee for the International Society for Hair Restorations Surgery.
- Two of the doctors advised both the Joint Council for Cosmetic Practice and the Cosmetic Practice Standards Authority.
- Staff had the opportunities for Continuous Professional Development, including attending international conferences and publishing numerous research articles.
- This was a small organisation where all levels interacted well.
- We saw examples of staff development and progression, including a member of staff who had started as a hair technician and who was now in a management position. Another member of staff was also being supported to further their education and develop their skills.

## Vision and strategy

- The Centre's website set out its vision. It stated that the Centre aimed to provide "the best quality patient care in the fields of medical hair treatment and surgical hair restoration". It also stated that the Centre was "committed to ongoing research and development of pioneering ways to counter hair loss". Whilst there was no formal strategy that staff could refer to, the service told us that it considered it was "one of the most established practices in the world ... we constantly evolve though and re-evaluate various aspects of our practice".
- We spoke with the directors of the Centre who talked in detail about their research and work with other organisations (universities and private companies) to further understanding of hair loss. This was a key part of the Centre's vision and strategy.

- The lack of a formal plan introduced a potential risk that not all staff at the Centre understood the vision and aims of the directors of the business. That said, the evidence we saw on inspection demonstrated that the service was providing good quality sustainable care.

## Culture

- The Centre promoted a positive culture that supported staff.
- Staff we spoke with at all levels described the open and friendly culture and the excellent team working. Staff felt comfortable approaching their line manager if they had any concerns and felt valued and supported in their roles. They also mentioned how well the owners of the business were thought of.
- Staff were encouraged to learn and share ideas with others.
- The Centre had an equal opportunities policy to help prevent discrimination in decision making. It highlighted that staff should be aware of direct and indirect discrimination when making decisions. Most staff had been with the organisation a long time and enjoyed their work. There was low staff turnover and sickness rates. There were no vacancies.
- The Centre had provided some well-being activities. For example, a physiotherapist had provided staff with stretching exercises to help improve their wellbeing.
- There was no formal staff recognition programme. However, staff received tiered pay increases dependent on their previous year's performance. They also had the opportunity to attend international conferences.
- The Centre had an up to date whistleblowing policy, although there was no evidence that staff had had to refer to this.

## Governance

- The team was small, but there was a clear organisation structure and clear lines of reporting. We saw the agendas and minutes for senior team meetings which highlighted discussions about how techniques to improve patient outcomes, training requirements and staff engagement.

# Surgery

- The patient liaison manager and the surgery manager each had team leaders that reported to them. This helped ensure that senior managers could provide feedback to frontline staff and vice versa.
- The surgery manager met weekly with hair technician staff to discuss cases and performance. These were informal meetings and were not minuted.
- There was a yearly all staff meeting to review performance and the annual audit data report (albeit that we did not see minutes of this meeting).
- Staff at all levels could attend international conferences - they had to present their case for attending to directors, setting out the learning benefits and what information they could share with others in the organisation.
- The Centre had a patient feedback process and staff handed out patient questionnaires. A yearly patient survey was produced, and in 2017, data was gathered from approximately 64 patients (approximately 20% of all patients that had surgery). Staff were targeted to obtain patient feedback.

## Managing risks, issues and performance

- There was no formal centralised risk register. However, due to small number staff within the organisation, and the fact that they met daily, there were regular updates about any risks or issues. We saw evidence of these being discussed in the senior team meetings. In addition, the yearly audit report helped identify trends and develop changes in practice where necessary.
- The Centre produced and analysed quantitative and qualitative data to review its service. For example, the directors noticed that some patients were shedding hair more than normal. They identified that this was due to a manufacturing fault with a batch of anti-inflammatory medicines and stopped this. They also shared this information with other doctors around the world.
- We did not see any evidence that financial considerations had compromised patient care.
- There were regular news articles, aimed at patients, on the Centre's website (ten between September and November 2018). These included topics about stress, hair transplant "tourism", beard transplants and frequently asked questions. Previous articles provided information about what to expect after surgery, and female hair loss, as well as highlighting some of the awards its staff had won.

## Learning, continuous improvement and innovation

- The Centre used technology to improve the effectiveness of its services. For example, it had access to robotic arm that could be used to take grafts. It had been updated with the latest software which allowed better scar detection and greater range of movement. This meant that the procedure could be carried out with increased speed and efficiency.
- The Centre used its lecture room to educate staff and others in the industry. It had the ability to live stream transplant surgeries from the operating room to the lecture theatre.
- The Centre could use a robotic arm for surgery. It was the first hair transplant provider to be designated as a centre of excellence for the equipment.
- The Centre worked with several universities and private companies to look at hair biology and the prevention and restoration of hair loss. We saw evidence that the Centre obtained patient consent to send biological samples to the organisations for ongoing research.
- The Centre was researching hair cell multiplication technology to help those patients that would not be suitable candidates for transplant surgery.

## Managing information

- The Centre reviewed its policies annually and these were signed off by one of the directors. They had all been reviewed recently, albeit that the Centre's safeguarding policy did not reference up to date guidance.
- The Centre had a current information technology policy that referenced staff responsibilities under the general data protection regulation. The Centre also had a nominated data protection officer.
- The company had an up to date policy for data retention.

## Engagement

# Surgery

- The surgery manager had recently won an industry recognised award.
- At the time of the inspection there were no accredited qualifications for hair transplant surgery in the United Kingdom.

# Outstanding practice and areas for improvement

## Outstanding practice

- The Centre had partnered with a charitable organisation to provide surgical treatment for patients that had suffered burns but had been refused NHS funding.
- The centre encouraged staff from all levels to attend international conferences so that they could develop professionally and share learning throughout the organisation.
- The Centre participated in several external research projects to help improve understanding of hair loss and possible future techniques for prevention and restoration.

## Areas for improvement

### Action the provider SHOULD take to improve

We found areas of improvement in this service:

- The Centre should ensure that all staff not already trained in adult safeguarding receive this to the required level.
- The Centre should ensure it has comprehensive mandatory training in place for staff, including infection prevention and control, to fully mitigate risks.
- The Centre should ensure it has a robust incident reporting policy and that all staff are aware of the types of incidents that should be reported.
- The Centre should consider ways to ensure that all patients receive information in a way they can understand to ensure that informed consent is provided for surgery.