

Hillside Hair Clinic

Quality Report

162 Nottingham Road,
Stapleford,
Nottingham
Nottinghamshire
NG9 8AR

Tel: 0800 288 4085

Website: www.hillsidehairclinic.co.uk

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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

Overall rating for this location	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	Outstanding	☆
Are services responsive?	Outstanding	☆
Are services well-led?	Good	●

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Hillside Hair Clinic is operated by Hillside Hair Clinic Ltd. The service only provides day treatment to patients and therefore had zero overnight beds. Facilities include two consultation rooms, two operating theatres and a separate decontamination room.

The service provides hair transplant treatments under cosmetic surgery. We inspected cosmetic surgery. There are two methods used for hair transplants, this includes follicular unit extraction (FUE) where individual follicles are extracted from a donor site and implanted into the graft site. The alternative method is a follicular unit transplantation (FUT) where a strip of scalp is removed from a donor site and sections implanted into the graft site. Hillside Hair Clinic provided both options for patients.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 10 October 2019.

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 only service provided by this hospital was cosmetic surgery, this is reported on under the surgery heading.

Services we rate

This was the first time the service had been inspected and rated. We rated it as **Outstanding** overall.

- 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. The service controlled infection risk well. Staff assessed risks to patients, acted on

them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from those internal to the service as well as external services.

- Staff provided care and treatment which was better than expected compared to similar services, met patients' individual nutrition and hydration needs, gave them pain relief or alternative therapies when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. The service was open seven days a week and met individual requirements when needed.
- Staff treated patients with compassion and kindness, they truly respected their privacy and dignity, took a holistic approach to meeting their individual needs, with a strong, visible patient centred culture. Staff helped them understand their conditions and become partners in their care. They provided emotional support to patients, families and carers. Feedback was consistently positive about the way they had been treated
- The services were tailored to meet the individual needs of the patient and delivered in a way to ensure flexibility and choice. The service planned care to meet the needs of local people with a specific requirement for treatment, 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. Complaints were low and were responded to in a timely manner when they arose.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and aligned themselves to it. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

accountabilities. The service engaged with patients and other professionals to plan and manage services and all staff were committed to improving services continually.

However, we did identify areas where improvements could be made:

- The cupboard where cleaning products, which come under the Control of Substances Hazardous to Health (COSHH) Regulations, were not locked away. Mitigation to this was considered at the time due to staff being present in the vicinity for most of the time.

- The regular checking of the blood glucose monitoring machine was not included in the daily or weekly checks.
- There were two policies which contained generalised details which were not relevant to the patients being treated at this service.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Outstanding



Surgery was the only regulated activity being carried out at this service.

We rated this service as outstanding for caring and responsive and good for safe, effective and well-led.

Summary of findings

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Outstanding



Hillside Hair Clinic

Services we looked at

Surgery;

Summary of this inspection

Background to Hillside Hair Clinic

Hillside Hair Clinic is operated by Hillside Hair Clinic Ltd. The service opened in December 2017. It is a private hospital in Stapleford, Nottinghamshire. The service primarily provided care and treatment to patients from the Nottinghamshire area, however patients also travelled from further afield to undergo treatment at this location.

The hospital has had a registered manager in post since December 2017 when they first registered with the CQC.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and another CQC inspector. The inspection team was overseen by Zoe Robinson, inspection manager.

Information about Hillside Hair Clinic

The service provides day treatment to patients only and is registered to provide the following regulated activity:

- Surgical procedures.

During the inspection, we visited all clinical areas. We spoke with six staff including reception staff, medical staff, patient co-ordinators and senior managers. We spoke with five patients and reviewed 24 online patient reviews. During our inspection, we reviewed four sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC in December 2017.

Activity (July 2018 to June 2019)

- In the reporting period July 2018 to June 2019 there were 653 patient consultations at this location.
- In the reporting period July 2018 to June 2019 there were 117 episodes of care recorded at this location, all of which were self-funding patients.

Track record on safety

- Zero never events.

- Zero serious injuries.
- Twelve clinical incidents all of which were no harm, with two additional non-clinical incidents.

Zero incidences of healthcare associated Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia.

Zero incidences of healthcare associated Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia.

Zero incidences of healthcare associated Clostridium difficile (C. difficile).

Zero incidences of healthcare associated Escherichia coli (E-coli) bacteraemia.

The service received one complaint on the online feedback service they used. No formal complaints had been received directly into the service.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal.
- Maintenance of medical equipment.
- Legionella audits.

Summary of this inspection

- Pathology and histology.

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?

This was the first time we inspected this service since registration.

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- 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.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- At the time of our inspection, staff did not complete regular quality control checks on the blood glucose monitoring machine.

Good



Summary of this inspection

- Cleaning substances which come under the Control of Substances Hazardous to Health (COSHH) were not locked away at the time of our inspection. There were mitigating factors in place to ensure unauthorised absence was not permitted to where they were kept.

Are services effective?

This was the first time we inspected this service since registration. We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs during the procedure. The service made adjustments for patients' religious, cultural and other needs. Staff provided additional advice on hydration and nutrition to ensure the hair grafts had optimum opportunity to take.
- Staff assessed and monitored patients regularly to see if they were in pain, and administered pain relief in a timely way, or offered an alternative treatment for patients who did not want pain relief. Regular pain audits were conducted to ensure staff responded to patients needs appropriately.
- Staff were keen to monitor the effectiveness of care and treatment and where relevant benchmark against other similar providers. They used the preliminary findings to make improvements and achieve better outcomes for patients.
- The service made sure staff were competent for their roles and actively encouraged them to complete additional training. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All staff worked together as a team to benefit patients. They supported each other to provide exceptional care. Staff also worked cohesively with external professionals to ensure the best care and treatment for patients.
- Staff gave patients practical support and advice to lead healthier lives which would positively impact their healing process too.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and best practice to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Good



Summary of this inspection

Are services caring?

This was the first time we inspected this service since registration. We rated it as **Outstanding** because:

- Staff consistently treated patients with compassion and kindness, and truly respected their privacy and dignity. There was a strong patient centred culture, which took account of patients' individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They cared for a diverse patient group and truly understood the totality of patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff empowered patients to become partners in their care.
- Feedback from patients was consistently positive with words like, 'professional', 'exemplary', 'fantastic staff' and 'very caring'.

Outstanding



Are services responsive?

This was the first time we inspected this service since registration. We rated it as **Outstanding** because:

- The service planned and provided care in a way that met the needs of local people and the specific patient group it served. It also worked with others in the wider system and local organisations to plan care. The individual needs of the patients were central to the delivery of tailored services.
- The service was proactive in their approach to meeting patients' individual needs and preferences. Staff ensured services were patient centred and specifically tailored to them, including those with complex needs. They coordinated care with other services and providers when required to ensure the patient experience met their expectations.
- People could access the service in a way and at a time that suited them. Patients were fully inclusive in how and when they accessed the treatment. Waiting times from initial consultation to treatment and discharge was patient directed.
- 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. The service included patients in the investigation of their complaint, however, the number of complaints was low.

Outstanding



Are services well-led?

This was the first time we inspected this service since registration. We rated it as **Good** because:

Good



Summary of this inspection

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a business plan to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams 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 collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff engaged with patients, staff, local groups and other professionals to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.






However:

- There were policies within the service which contained information which was not relevant to the patients treated at the service. Most of the policies were also missing version control and details of the date they were written/approved.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are surgery services safe?

Good 

This was the first time we inspected this service since registration. We rated it as **good**.

Mandatory training

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

- All staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The service currently held a 100% compliance rate for their mandatory training. Training was a mixture of electronic learning and face-to-face taught sessions. There was a total of 30 modules available for staff to complete, each with a different renewal requirement. Infection control, safeguarding vulnerable adults and children, basic life support and defibrillator training was required to be conducted on an annual basis.
- Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Mental capacity awareness training was also completed by all staff to help identify patients who are lacking capacity.
- Managers monitored mandatory training and alerted staff when they needed to update their training. Managers always expected 100% compliance with training. Managers monitored this through the electronic learning system used by staff.

- Sepsis training was provided to all staff who worked at the clinic. This was provided by the registered manager on a face-to-face level. Staff found this training empowered them to potentially recognise when a patient was septic.

Safeguarding

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

- Staff received training specific for their role on how to recognise and report abuse. All staff were required to complete vulnerable adults safeguarding, safeguarding children level two training, Prevent training and female genital mutilation (FGM) training. Female Genital Mutilation/cutting is defined as the partial or total removal of the female external genitalia for non-medical reasons. Since October 2015, it is mandatory for regulated health and social care professionals to report known cases of FGM, in persons under the age of 18, to the police. There were four types of FGM which healthcare professionals are required to report.
- At the time of our inspection all staff were compliant with all safeguarding training requirements.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had separate safeguarding vulnerable adults and safeguarding children policies to support staff knowledge and provide them with additional information and links to support groups and organisations if required. Both policies were due for renewal in November 2020.



Surgery

- Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding lead at the service was the registered manager and they had received safeguarding children level three training. All staff we spoke with were aware they were the safeguarding lead and would approach them if they had any concerns. One staff member provided details of a safeguarding issue which was raised and shared at a team meeting for learning purposes. The staff member was able to confidently talk about the processes followed and areas which the team at the clinic had identified as requiring further training and support on.
- The service promoted safety through their recruitment processes and on-going employment checks. All staff had a Disclosure and Barring Service (DBS) check relevant to the role they were employed for.

Cleanliness, infection control and hygiene

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

- All clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff had strict cleaning procedures which they adhered to as well as cleaning equipment after patient use. Staff used a recognised system for identifying when equipment was clean and ready to use.
- The service generally performed well for cleanliness. The service completed regular infection prevention and control audits of the environment. Information provided by the registered manager showed monthly environment audits achieved compliance levels of 95% and above. The service also conducted more in-depth environmental audits on a biannual basis. These also demonstrated high compliance with environmental cleanliness, achieving compliance levels of 95% and above.
- Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were observed using appropriate PPE when providing care and treatment to patients who attended the clinic. We observed adequate amounts of PPE in all clinical areas for staff to use. All clinical staff wore scrubs which were changed on every shift and washed and dried on site. Patients were given a disposable scrub top to wear during the procedure to reduce the risk of infection.
- Staff worked effectively to prevent, identify and treat surgical site infections. Patients were reviewed post-operatively to ensure the hair transplant was taking. Part of the follow up was to ensure patients were not suffering from a post-operative infection. All patients were given advice leaflets after the procedure with information on how to prevent infection occurring as well as signs and symptoms of localised and systemic infections. Since the service opened in December 2017, they reported one case of folliculitis (inflamed hair follicle) out of 117 cases. Staff told us folliculitis may occur for various reasons, however when it occurs within the first two weeks following the procedure, it is more likely to be due to infection rather than any other reason.
- There were handwashing facilities within the clinical environment and staff had access to alcohol hand gel at point of care. We observed staff performing hand decontamination in accordance with the World Health Organisation (WHO) five moments for hand hygiene. We also observed hand hygiene promotional posters to support compliance with hand hygiene. The service conducted hand hygiene audits monthly. Results showed high compliance with hand hygiene practices, with the most recent months recording 100% compliance. The service also had a bare below elbow policy for staff who provided direct patient care.
- The service had a bench top sterilisation device which two members of staff were trained to use. Regular quality control checks were conducted on the steriliser to ensure the machine was effective. Staff were aware of and complied with all relevant Health Technical Memorandums (HTMs) which were related to decontamination, the most relevant to this practice being HTM 01-01 Management and decontamination of surgical equipment in acute care and HTM 01-05 Decontamination in primary care dental practice.
- The service mainly used single use items when conducting the hair transplant procedures, however staff told us they routinely sterilised single use items prior to them being used to ensure the equipment and procedure protected patients from avoidable infections



Surgery

as far as reasonably practical. Staff told us they had confirmed, with the manufacturers of the equipment they purchased them from, that the equipment could withstand sterilisation and that they never reprocessed single use items to use on more than one patient. Advice from the Medicines and Healthcare products Regulatory Agency (MHRA) on sterilising single use items stated that reprocessing of items may be required if marketed as non-sterile or services cannot ensure sterility. It is essential however that services seek advice from the manufacturers. However, under no circumstances can single use items be reprocessed to use on multiple patients. The service was therefore operating within MHRA regulations on single use items.

- The service had a Legionella risk assessment and the premises underwent regular water and temperature testing. The most recent external Legionella audit was conducted the day before our inspection (9 October 2019) and found the service was compliant with all areas of the audit. The service regularly flushed all water outlets and recorded this. We observed the flushing log and found no gaps within this. All staff underwent Legionella awareness training as part of their training package.
- The service had a strict criteria for patients who had a previous history of MRSA or recurrent Staphylococcus aureus (SA) infections. Patients who had a positive MRSA history were required to undergo screening and decolonisation treatment before they were accepted for treatment at the clinic. Patients who had a history of recurrent boils or known skin infections with SA were required to be screened for Panton-Valentine Leukocidin (PVL). PVL is a toxin found within SA (PVL-SA) which makes infections more virulent. An indicator that patients may be infected with PVL-SA were recurrent skin infections. If patients were positive for PVL-SA, they too were required to undergo decolonisation treatment before being allowed to undergo a hair transplant.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

- The service had suitable facilities to meet the needs of patients. The service opened in December 2017 and the

environment was in a good state of repair. There were toilet facilities available for all patients to use, including patients who may have accessibility issues. The reception area and consulting rooms were spacious and the two theatres, where procedures were conducted, were maintained to a high standard. There were copious amounts of storage for the service which meant all equipment and consumable items were stored appropriately and did not present as trip hazards to patients. Monthly health and safety audits of the clinic environment were conducted to ensure the environment was as safe as possible for patients and staff.

- We found cleaning products which were not stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations. Cleaning products were stored unlocked in a cabinet in the sluice. The sluice was a room off main reception which staff told us was always manned whilst patients were in the service which provided some mitigation. Managers confirmed, in the event of an emergency, there would be a possibility staff would not be present in the reception area and unauthorised access could be gained. Since our inspection, the provider has sent through additional evidence to demonstrate the products were now stored securely.
- Staff carried out daily safety checks of most of the specialist equipment. Where daily checks had been completed this was recorded on check sheets. However, we found that staff did not complete daily or regular checks on a designated frequency of the blood glucose monitoring equipment. Staff were unaware, devices used to check a patient's blood glucose required frequent quality control checks. We informed the registered manager about this who immediately implemented daily testing. Staff had told us the equipment was purely for use in emergencies as they did not perform procedures on known diabetics. Since our inspection, we have received evidence to show daily quality control checks were now taking place.
- Annual electrical safety testing and servicing was conducted by an external company. All items which required testing and servicing had evidence of in-date tests and services. Equipment used to fight fires also had evidence of an in-date servicing.



Surgery

- The service had a resuscitation trolley with a defibrillator and oxygen bottles stored on the walls outside of the two theatres. This was checked daily and we saw evidence of daily checks for the previous 12 months. The trolley also had an inventory of items which had expiry dates registered against them. All items on the resuscitation trolley were in date.
- The service had enough suitable equipment to help them to safely care for patients. We reviewed a selection of consumable items including dressings, syringes and needles and found them all in date.
- Staff disposed of clinical waste safely. We observed staff correctly segregated clinical and domestic waste. Waste bins provided for the department were enclosed and foot operated. Sharps bins were correctly assembled and below the fill line, however the temporary closure mechanism was not always used. The management and disposal of sharps and waste was completed in accordance with policy. The service maintained records on all waste collections to ensure compliance with the legislation which covers waste disposal. This also ensured the service could track any waste issues with the external company if any arose.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

- Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. All patients who had consultations at the clinic were required to undergo thorough risk assessments and in-depth past medical history reviews. Staff told us they did not provide care and treatment for patients who were known diabetics or were immunocompromised as this impacted on the healing post procedure. All patients had a baseline set of observations recorded to ensure they were of suitable health to undergo the procedure. Additional observations would be performed dependant on the patient and their condition during the procedure.
- Staff knew about and dealt with any specific risk issues. Staff provided patients with aftercare information following their procedure, which was supported by an aftercare advice leaflet. On this information leaflet was a 24-hour advice line for patients to use if they had concerns. Staff also talked through with patients the signs and symptoms for sepsis and venous thromboembolism (VTE). Sepsis is a life-threatening reaction to an infection and VTE are blood clots which form within vessels of the body.
- Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. Staff told us mental wellbeing was an important aspect when reviewing patient's suitability for the procedure. The service had a mental health nurse who provided advice and support to the staff and patients when concerns were identified. All patients had a psychological assessment and a hospital anxiety and depression scale (HADS) assessment completed during initial consultation. Any patients identified with mental health concerns through these assessments had an appointment arranged with the mental health nurse.
- There was a process for staff to follow in the event of a deteriorating patient or medical emergency. Staff would call 999 in the event of an emergency to transfer a patient to the nearest acute NHS hospital. Staff told us they have never had to escalate a patient care due to emergency circumstances, however during a consultation, they had arranged for a patient to be reviewed at the nearest acute NHS hospital due to complications of a long-term condition.
- The service used the World Health Organisation (WHO) surgical safety checklist for all patients undergoing a hair transplant procedure. We observed staff completing a checklist during our inspection and found all aspects of the checklist performed well. The service completed WHO checklist audits in May 2019 and July 2019 and found 100% compliance in both audits.
- In addition to the WHO checklist, the service had implemented local systems to ensure patient safety following learning from other services. The systems ensured the grafts taken from the patient had no opportunity to be grafted on the wrong patient, and photographic evidence of marking the patient's hair line for where grafting was to take place.
- All female patients were required to undergo routine blood tests at the consultation stage of their journey. This was to ensure their suitability to undergo the hair



Surgery

transplant procedure. Staff told us female hair loss can sometimes be down to hormone imbalances and may only be temporary, it was therefore vital to ensure only those who had permanent hair loss had the procedure.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- The service had enough staff to keep patients safe. The service directly employed a registered manager, clinic manager, two patient co-ordinators and a receptionist. The hair technicians, nurses and surgeons were all employed on a part-time basis similar to practicing privileges. Both the registered manager and clinic manager ran the consultations.
- The service had low vacancy, turnover and sickness rates. At the time of our inspection, there were no vacancies and no long-term sickness reported at the service. However, one of the surgeons who previously ran lists no longer worked at this location.
- Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. The hair technicians who attended the service on days when procedures were being undertaken were all familiar with the service. All staff, regardless of status, were required to complete their induction to the service and mandatory training.
- The surgeon who performed the hair transplant procedures was employed full time at an alternative provider and registered with the General Medical Council (GMC). The surgeon's availability was provided to the service well in advance, to enable lists to be scheduled accordingly.
- The service scheduled staffing for days when procedures occurred in line with best practice as recommended by the Cosmetic Practice Standards Authority. This stated a minimum of one surgeon and two hair technicians should be available for each procedure. We observed the service adhering to this staffing requirement on the day of our inspection.

Records

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

- Patient notes were comprehensive and all staff could access them easily. The service had designed their own consultation booklets and patient operation booklets. The booklets contained all documents required for the patient journey. The registered manager told us they had designed these to ensure all documentation remains together and prevented the accidental loss of vital documents. We reviewed four sets of records and found they were clear, legible, up-to-date and comprehensive.
- Records were stored securely. All documentation booklets were locked away when not in use. In addition to the booklets, patients were required to have photographs taken. These items were stored electronically under a password system. If any photographs were printed, these were stored securely within the booklets.
- The service used separate documentation for discharge information. A copy of the discharge summary was forwarded to the patient's GP with their consent. Staff told us they had not experienced any patients refusing this, as additional medication was usually required following the procedure which the GP needs to be aware of.

Medicines

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

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medication was prescribed only by staff registered with the GMC. The prescription charts were documented within the documentation booklets. If any additional medicines were required, prescriptions would be written by the doctor in charge of their care. Staff at the clinic were only responsible for administering local anaesthetic during the procedure. All appropriate checks were carried out prior to administering medication, including patient name, date of birth and allergies.



Surgery

- The service had two medication refrigerators, one in each theatre. Staff regularly reviewed the minimum, maximum and current temperature of these to ensure medicines were stored correctly. The service had also implemented a system which recorded the temperature on a continuous system. This was regularly reviewed by the registered manager to ensure there had been no temperature problems outside of normal working hours.
- The service had shock boxes in both theatres which contained products in them to overcome lignocaine toxicity (lignocaine is a local anaesthetic). There were also posters displaying the signs and symptoms to be aware of for lignocaine toxicity using the mnemonic 'SAMS' (slurred speech, altered consciousness, muscle twitching, seizures).
- Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff were knowledgeable about the medications involved with the hair transplant procedure and therefore provided patients with detailed advice, including side effects and contraindications where applicable.
- Staff stored and managed medicines and prescribing documents in line with the provider's policy. Patients would bring their own medication when they arrived for their procedure. Staff would secure the medication in a cabinet in the relevant theatre, whilst the patient underwent the procedure. Patients were responsible for taking their own medication when required.
- The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Staff regularly reviewed the most up-to-date MHRA alerts which were distributed to ensure there were no complications with the medications they frequently prescribed. If there were any alerts applicable to the practice at this service, the registered manager ensured all staff were aware of this.
- The service had a medicines' management policy and antimicrobial policy for staff to follow. We found the antimicrobial policy did not contain specific details about antimicrobial prescribing for the service, however, there was no recommendations for antimicrobial prescribing for folliculitis or prophylaxis prescribing for hair transplant procedures.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

- Staff knew what incidents to report and how to report them. There was a positive reporting culture within the service and staff received feedback on incidents raised. The service had an incident reporting policy which was in date and the next review was due in November 2020.
- The service had no never events during the reporting period of July 2018 to June 2019. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There were no serious incidents reported for the service from July 2018 to June 2019. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- Managers shared learning with their staff about never events that happened elsewhere. The registered manager told us about a never event which had happened at a different service. They had discussed this during their own team meetings and improved their own procedures to ensure it never happened at this service.
- Staff understood the duty of candour. Staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur. Senior staff members were able to explain the process they would undertake if they needed to implement their duty of candour following an incident which met the requirements. Information provided by the service showed there were no incidents from July 2018 to June 2019 which required the duty of candour to be implemented in accordance with the regulation.

Incidents



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- Staff met to discuss the feedback and look at improvements to patient care. Reviewing incidents was routinely completed at team meetings amongst all staff. The registered manager also completed reports on each incident report form for all staff to review and identify areas of improvement in their own practice if appropriate.
- Managers investigated incidents thoroughly. Patients and their families were involved in these investigations where appropriate and applicable. The service had 14 incidents in total were all deemed no harm. Twelve of these incidents were called 'significant events' and were clinically related, and two incidents which were technology related. There were no common themes or trends within the incidents reported.

Are surgery services effective?

Good



This was the first time we inspected this service since registration. We rated it as **good**.

Evidence-based care and treatment

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

- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service ensured their policies, procedures and processes were compliant with the recommended clinical standards of the British Association of Hair Restoration Surgery (BAHRS) and the Royal College of Surgeons Cosmetic Practice Standards Authority for Hair Transplant Surgery. The service had also implemented relevant aspects of the National Institute for Health and Care Excellence (NICE) guidance for the recognition, diagnosis and management of sepsis (NG51). All staff had completed training on recognising sepsis and this was something which had also been introduced to the patient after-care leaflet.
- Staff protected the rights of patient's subject to the Mental Health Act and followed the Code of Practice. All patients who attended a consultation for a hair

transplant procedure had in-depth psychological assessments and an anxiety and depression assessment prior to any surgery being completed. Patients who required additional mental health input were then seen by a mental health specialist at the clinic. Staff would consult with professionals with patient consent if any patient attended the clinic who were already known to a mental health team. This was to ensure the patient was fully supported from a holistic nature if required.

- The service had implemented an audit plan and we saw evidence of audits being conducted. Audits which were regularly conducted included but were not limited to health and safety, hand hygiene, infection prevention and control and World Health Organisation checklist.
- The service used evidence-based assessment tools to ensure all patients were appropriate to undergo a procedure. The tools used by staff were the Hospital Anxiety and Depression Score (HADS), the Norwood Scale for assessing male hair loss and the Ludwig Scale for assessing female hair loss.

Nutrition and hydration

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

- Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Nutrition and hydration were an important aspect when undergoing a hair transplant procedure. Staff provided patients with regular drinks to maintain hydration which included water and glucose-based drinks. Caffeine based drinks were avoided where possible due to the interaction caffeine can have on the procedure and medicines taken. During the procedure, patients were asked what they would like to eat, and staff would provide this for them. Patients had access to a variety of menus to choose a food option to their liking. Staff told us they were able to provide a meal for a patient with any dietary requirements. Snacks were also provided throughout the duration of the procedure.
- Patients were all given advice during their consultation about the requirements to be suitably hydrated prior to admission for the procedure. Before the patient had their procedure started, they were required to drink one bottle (approximately 500mls) of water.



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Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and encouraged to self-administer pain relief in a timely way.

- Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff told us most patients experienced no pain during the procedure due to the local anaesthetic used. However, if patients did experience pain, they prescribed them pain relief at the consultation phase, which patients brought with them on the day of the procedure. Staff would encourage the patient to self-administer the pain relief. In addition to the pain relief medication, staff used a vibration distraction device during the procedure. Audits conducted by staff had shown this to be a successful method of maintaining a low pain level in patients.
- Pain control audits were conducted monthly and results shared with staff regularly. The results supported what staff told us, in that it was a relatively pain free procedure. For patients who did experience pain, they were appropriately managed.
- Staff told us post procedure pain was the most common reason why patients contacted them. All patients had a supply of pain relief to take home with them, and the after-care leaflet provided details of advised medication regime. If patients experienced pain despite following the recommended regime, they were offered an opportunity to attend the clinic for a review with the staff, where further advice could be given.

Patient outcomes

Staff had started to monitor the effectiveness of care and treatment.

- Staff told us they were still in the period where patient outcomes were difficult to measure. To collect meaningful data, outcomes needed to be reviewed 18 months following the procedure. However, they regularly reviewed patients post procedure and took photographs of the patients' journey. The service were yet to complete any official outcome studies or audits, but staff told us their patients were all happy with the results of the procedure. They could not identify any patient where the outcome was not what they expected.

- The service regularly audited both hand hygiene and the environment. All results had demonstrated high compliance, and this was reflected in the number of post procedure infections. Since the service opened in December 2017, there had been one case of folliculitis out of 117 procedures performed. This gave the service a 0.9% infection rate.
- The service regularly monitored their transection rates. Transection is the term used to hair follicles which may be accidentally cut during the procedure which means they cannot be used for the grafting process. The service used a grading system of one to four. Grade one was for hair follicles which had not been damaged during the procedure, grade two for a laceration, grade three for a fracture and grade four identified a complete transection. The audit showed they had acceptable rates of transection in the follicle unit extraction (FUE) procedures. The British Association of Hair Restoration Surgery (BAHRS) described an acceptable transection rate as 10% of grafts taken during a procedure. The service had an average of 7% transection rate between March 2019 to June 2019, with March 2019 only having a 1% transection rate.
- The service used the WHO checklist when performing procedures. Audit results from May to July 2019 showed 100% compliance with this.

Competent staff

The service made sure staff were competent for their roles. Managers 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. All staff involved in the patients' journey were able to demonstrate their extended knowledge and skills within this field of cosmetic surgery. Members of the leadership team had attended the conference run by the BAHRS and engaged regularly with other professionals in this field to ensure they remained current and knowledgeable about this specialist area.
- Managers gave all new staff a full induction tailored to their role before they started work. All staff, including those who worked under practicing privileges were



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required to complete the induction checklist. Once completed, these were stored in personal employment files. We saw evidence of completed induction checklists.

- Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw evidence of meaningful appraisals and developmental meetings within all staff personal files we reviewed.
- Managers made sure staff attended team meetings or had access to full notes when they could not attend. We observed team meeting minutes which were kept in a file for all staff to read if they did not attend.
- Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were actively encouraged to complete further training in their roles.
- Managers had the processes in place to identify poor staff performance promptly and would support staff to improve. However, this had not been an issue since the clinic had opened and therefore the managers had not been required to use these processes.
- Staff who worked under practicing privileges followed a specific recruitment process to ensure they were suitable and competent to work at the service. All staff were required to sign an agreement when applying to work at this service, this also included the hair technicians who were self-employed. As part of this process, staff were required to provide evidence to the managers of their competence. We saw evidence of this in staff personal files.
- Staff who performed the hair transplant procedure were compliant with the recommendations of the Royal College of Surgeons and the Cosmetic Practice Standards Authority. Relevant continuous professional development (CPD) was completed and evidence shared with the managers which met the minimum number of hours required.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

- Staff worked across health care disciplines and with other agencies when required to care for patients. Staff communicated with the patients GP when consent had been given to ensure any additional care needs were met following the procedure. Staff also told us they had previously treated patients with long-term medical conditions and patients who were transgender. In both circumstances it was imperative the staff at the service engaged with the clinical teams who were involved in their care to ensure they were suitable for the procedure.
- Staff referred patients for further mental health assessments when they showed signs of mental ill health, depression or had a high hospital anxiety and depression score after initial consultation.

Seven-day services

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

- The service routinely opened from 9am until 8pm Monday to Sunday. However, staff told us the times were flexible to meet patient needs.
- There was a 24-hour telephone service available to patients who had undergone a procedure. All patients were given this number after the procedure had finished.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

- The service gave relevant advice and information to promote healthy lifestyles at the clinic. The information given by staff was to ensure this gave patients the best opportunity for their hair transplants to work and achieve the outcome they were after.
- Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff were able to gauge what advice



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and information patients required during the initial consultation. They told us in some circumstances, patients would require additional tests by their own GP to ensure they lived 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 knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us it was extremely rare a patient who lacked capacity would attend their service. However, it was vitally important to them all staff were equipped to identify a patient who may be lacking capacity and what steps to take to help them. There was an in-date policy to ensure all staff acted in line with legislation and all staff completed electronic learning on this.
- Staff gained consent from patients for their care and treatment in line with legislation and guidance. This also included gaining consent from patients for clinical photography. We observed a staff member gaining consent from a patient to take photographs for clinical purposes only.
- Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' record.
- Managers at the service had implemented an additional consent process which involved patients signing a photograph of an agreed hairline which had been marked by both them and the surgeon. This ensured patients were happy with the new hairline prior to commencing with the procedure. We observed this process during our inspection.
- Staff at the service complied with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery by ensuring there was a minimum of two weeks between initial consultation and the hair transplant procedure. Staff told us, the time between consultation and procedure was usually between four to six weeks, depending on patients' preference.

- There was an in-date Deprivation of Liberty Safeguards policy at this service. However, staff told us they had never provided care and treatment to a patient who was deprived of their liberty, or who they thought needed depriving of their liberty.

Are surgery services caring?

Outstanding



This was the first time we inspected this service since registration. We rated it as **outstanding**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong patient-centred culture at all levels within the service.

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Each consultation lasted for a minimum of one hour, however usually they were longer than this, with some lasting for up to two hours. This gave staff the time to interact with them on a meaningful basis and patients did not feel like they were being rushed.
- We spoke with five patients and reviewed 24 online patient feedback submissions. All feedback was consistently positive, and patients used words such as 'professional', 'exemplary', 'fantastic staff', 'amazing' and 'very caring' being used to describe their experiences. Patients we spoke with told us they would recommend the service to their friends and family.
- Patients said staff treated them well and with kindness. Staff told us many patients attended the clinic in a distressed and embarrassed state at times due to the impact their hair loss had on their confidence. Sensitivity and kindness were essential when providing care and treatment to patients, and we observed staff displaying these characteristics during our inspection.
- Staff followed policy to keep patient care and treatment confidential. Staff ensured blinds were shut and doors closed during the procedures. During consultations, doors were closed, and interruptions were kept to a



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minimum and only for urgent matters. Reception staff ensured their voices were lowered when they engaged with patients face-to-face or on the telephone, if other patients or visitors were in the vicinity.

- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The non-judgemental and understanding attitude extended to all patients, and not just patients with mental health needs. Staff told us they provided care and treatment for a very diverse group of patients and it was therefore essential to display a non-judgemental attitude.
- Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were able to discuss examples of how this had been addressed with patients previously. One common example was in relation to female patients who experienced hair loss due to wearing a hijab. They told us how they needed to have respectful conversations with this patient group and they prided themselves on the feedback they had received from previous patients about their sensitivity.
- The service provided chaperones to patients who required one. There were numerous signs around the clinic area promoting the assistance of a chaperone. All staff had completed a chaperone module on their electronic learning to ensure they were suitable to offer this role.

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 told us patients could become distressed at times during their consultation due to the confidence issues hair loss had caused them. They told us it was important they provided them with support to enable them to go forward with their journey. They provided patients with realistic advice and support, which was important so as not to build their hopes up over the results.

- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff took a holistic approach to the care and treatment they provided for patients. All staff understood the personal, cultural and religious needs of the patient and ensured the appropriate advice and support was provided for them. Staff were able to discuss examples where they had provided care and treatment specific tailored to meet patients' cultural needs due to the impact this had on their well-being.
- The service had access to a mental health nurse. For patients who required additional mental health support, staff would arrange for them to be seen by the nurse.
- Staff encouraged patients to bring along family members or friends for support.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff encouraged and empowered patients to become partners in their care.

- Staff made sure patients and those close to them understood their care and treatment. Staff took the time to ensure all patients and any family members who accompanied them understood all the information given to them. They encouraged them to ask any questions about the care and treatment if they had not understood to begin with. Patients told us they understood the information they received, however would feel comfortable asking further questions if required.
- Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed staff using various approaches to ensure patients understood the treatment options on offer. This included the use of a video which explained the procedures in an in-depth manner and staff members drawing on a white board as they explained the procedures. Staff always used terminology which was pitched at the right level of the patient.



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- Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service used online feedback tools for receiving regular patient feedback. We reviewed 25 reviews which were mostly overwhelmingly positive. Staff also encouraged patients to complete the patient feedback forms which were included in the consultation booklets. We spoke with four patients on the day of the inspection and all patients were positive about the staff and their experience.
- Staff supported patients to make informed decisions about their care. Surgical staff ensured the process for marking out the new hairline was completed collaboratively between them and the patient. During this process, they discussed with the patient the best treatment options available to them to ensure a successful procedure took place. The surgeon did not go ahead with the procedure until the patient was completely happy with the decisions they had made about the hairline due to the emotional distress it could cause the patient if they got it wrong.
- Staff had sensitive discussions with patients about the cost of the treatment at the consultation stage of the patient journey. They ensured all potential costs were covered to ensure patients had full payment details prior to deciding on whether to go ahead with surgery or not.

Are surgery services responsive?

Outstanding



This was the first time we inspected this service since registration. We rated it as **outstanding**.

Service delivery to meet the needs of local people

Patients individual needs and preferences were central to the delivery of tailored services. The service planned and provided care in a way that met the needs of local people and the communities served.

- Managers planned and organised services so they met the needs of the local population. The managers of the service understood the patient group well and had ensured the service offered both Follicle Unit Extraction (FUE) and Follicle Unit Transplant (FUT) procedures.
- They also offered patients a range of non-surgical procedures as they were aware not all patients who attended for a consultation would require the hair transplant procedures. These non-surgical treatments were not regulated by the CQC and therefore are not reported on.
- Facilities and premises were appropriate for the services being delivered. The managers had ensured the environment was as comforting and calming for patients who attended for care and treatment. There was a relaxing area for patients to sit outside of the operating theatres when they were taking a break from the procedure. This was where patients would be served their food and drink. There was also a garden area for patients to enjoy if the weather permitted. Within the garden areas were items for children to play with if they accompanied their parents for an appointment.
 - There was a free car park at the service for patients to use. The service was all based on the ground floor of a larger building and was accessible to patients with physical disabilities.

Meeting people's individual needs

There was a proactive and inclusive approach to understanding the needs and preferences of the groups of patients who accessed the service. Staff made reasonable adjustments to help patients access services. Where required, they coordinated care with other services and providers.

- Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had an equality and diversity policy which staff followed which covered meeting the needs of individuals with a disability. However, staff told us they had so far not had patients attend the clinic who were living with any disabilities or sensory loss.
- The service could provide patients with information leaflets in alternative languages if required. However, on the day of the inspection, we only saw information leaflets and folders with written information in English.
- Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff identified, during the booking process, if



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the patient had any additional needs. Staff ensured their needs were met during both the consultation and surgical phase, if the patient went forward with the procedure.

- Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff ordered meals in for the patient on the day of the procedure. Patients ordered from a range of menus which covered most dietary and cultural requirements.
- In addition to meeting patients' cultural needs from a dietary requirement, the service had access to a multifaith room which patients could use during their procedure.
- Patients who lived more than 30 miles from the clinic were offered overnight accommodation in a hotel near to the clinic after their procedure at no additional cost. This was to ensure they were near to the clinic should they experience any complications. Managers told us they would also extend this to accommodate the patients next of kin or relative who was supporting them.
- For patients who lived nearer, staff at the clinic offered to arrange a taxi service to pick them up and take them home after the procedure. Staff told us it was important patients relaxed after the procedure, especially if they have received any pain medication during this time.
- The service had minimal facilities for children who attended with their parents. Staff told us there was equipment in the garden which they could use if the weather was suitable. The service also had wireless internet in the reception area which could be accessed by patients and their families.
- The service had access to a mental health nurse for patients who required additional support for known mental health conditions. Staff also told us they could arrange for patients, who were anxious about the procedure, to be supported by the nurse if required.
- The service provided care and treatment for a diverse range of patients. All staff at the service ensured they understood the needs of each patient to enable them to offer the best treatment options to them. The clinic had

recently seen an increase in transgender patients. To ensure they met their individual needs, staff engaged with their main surgeon in charge of the patient's care to provide a cohesive treatment plan.

Access and flow

People could access the service when they needed it and received the right care promptly. The service ensured patients were at the centre of all decision making regarding their appointments.

- Managers monitored waiting times and made sure patients could access services when needed and received treatment within the agreed timeframes with patients. Patients were at the centre of the decisions made around appointments and dates for surgery. The service was open seven days a week to ensure patients could access the clinic when it suited them. Hair transplant procedures were booked around patient preference and surgeon availability.
- The service had a website which patients could arrange their consultation through, or patients could contact the service over the telephone to arrange their consultation.
- The service was also able to arrange for consultations to take place at alternative clinics if this suited patients. However, the hair transplants would only take place at the location inspected.
- Managers and staff worked to make sure patients did not stay longer than they needed to. On the day of our inspection, all clinic appointments ran on time. The patient who attended for a hair transplant procedure experienced a delay of approximately 30 minutes due to the surgeon being delayed. However, staff informed the patient of the delay.
- Managers monitored and took action to minimise missed appointments. Staff told us patients missing appointments was not a problem. Patients had usually exhausted all other options by the time they attend the service for a consultation and therefore wanted to be there. They occasionally had short notice cancellations, but staff were accepting of this and would re-arrange appointments at a more convenient time for the patient. In the event of a patient not turning up for an appointment, they would contact the patient to see if they required a new appointment.



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- At the time of our inspection, there had been zero cases of staff at the service cancelling patients' appointments. Staff did tell us, if they ever did need to do this, they would ensure their appointments were rearranged as soon as possible.
- Patients had their follow up appointments planned out for them. A follow up call was completed within 24 hours of the procedure, which was documented on the consultation booklet. Further physical follow ups were completed at one month, six months then three monthly intervals. The duration of the follow up was tailored to the patient and their needs.
- Following our inspection, we received evidence of managers updating their complaints policy and information given to patients. They had removed all information which was not relevant to their patient group.
- Managers investigated complaints and identified themes. At the time of our inspection, the service had received one complaint through an online forum since they registered with the CQC in December 2017. Managers had reviewed the complaint and provided a response to the patient. They found staff had followed correct processes and procedures and this had been explained to the patient at the time of their consultation and after the complaint. However, staff at the service still reviewed this complaint further to identify if any learning could come from this.

Learning from complaints and concerns

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. The service included patients in the investigation of their complaint.

- Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.
- Staff understood the policy on complaints and knew how to handle them. There was an in-date complaints policy available, however there were details within the policy which was not applicable to the service. The service did not provide care and treatment to NHS patients, however the policy contained details within it about complaining to the Parliamentary Health Service Ombudsmen (PHSO). The PHSO provide assistance to patients who have complained about care and treatment received at NHS services and do not accept the findings of their complaints, therefore this information is not required for patients receiving care and treatment at this service. The policy however did contain details about the independent healthcare advisory service (IHAS) who independently review complaints about the independent health sector. At the time of the inspection, no complaints had been forwarded to the IHAS. We have since received evidence from the provider to demonstrate the amendments to this policy.

Are surgery services well-led?

Good



This was the first time we inspected this service since registration. We rated it as **good**.

Leadership

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

- The service was led by the registered manager with the support of a clinic manager. They were responsible for the governance of the service, as well as both providing care and treatment to patients.
- All staff we spoke with were overwhelmingly positive about the leaders of the service. All leaders were visible and approachable and extremely knowledgeable about hair transplant treatment. We observed staff discussing treatment options with patients and it was clear they were very knowledgeable about the services they provided their patients.



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- All leaders maintained their skills and knowledge through continuing with clinical practice. This demonstrated to staff their clinical currency and demonstrated positive role modelling.
- Staff told us they felt the leaders had a genuine interest in staff development. Staff were able to access a range of training at the service to enable them to develop their skills and progress in their roles.

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 strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- The service had a vision which was displayed at the entrance of the clinic. The vision was to provide 'top quality, affordable care to meet the patient's needs and expectations whilst maintaining a good working environment.' Staff were aware of the vision and aligned themselves to this.
- The service had a business plan which provided staff with a realistic strategy for achieving the vision and delivering high quality care.
- Within the business plan were aims and objectives for the service to achieve. Progress against these aims and objectives was measured through audits.

Culture

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

- All staff we spoke with told us they felt supported, valued and respected by their managers and their colleagues. Staff told us they enjoyed working at the service and were proud to be associated with the service.

- Staff told us they felt they could raise any concerns with the managers without fear of reprisal. The service had a whistleblowing policy to support this process. However, at the time of our inspection, there had been no internal whistleblowing incidents.
- The culture of the service was one of transparency and honesty. The managers told us they reviewed patients' needs and provided them with honest and accurate recommendations, which included at times, not to progress with the surgical option. They preferred patients to exhaust all other treatments prior to receiving a hair transplant, as in some cases hair transplants may not provide them with the outcome they desired. It was therefore unethical of them to advise a surgical option if they knew this was not the right treatment plan for the patient.
- There was a process to manage staff who poorly performed, or whose practices were not consistent with the services vision and high expectations.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 duty of candour is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.
- The service had an open and honest culture. Any incidents or complaints raised would have an open and honest 'no blame' approach to the investigation, however in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors. Staff were aware of the duty of candour regulation; however, they had not had any incidents which met the criteria where formal duty of candour had been required to be implemented.

Governance



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Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- The service had an in-date clinical governance policy which provided a clear structure for governance processes. There was a clinical governance group that met on a bi-annual cycle, which all staff attended. In addition to this, there were monthly team and infection prevention and control meetings which fed into the main clinical governance group meeting. These meetings were all minuted, and we saw evidence of these.
- The service had in-date policies for staff to follow. These were written by the managers and reviewed during clinical governance meetings. However, we found two policies contained details which were not relevant to the patients who were treated at the service. In addition to this, most of the policies were not version controlled and did not have the date they were produced on them.
- Staff at all levels were clear about their roles and responsibilities and what they were accountable for.
- Staff who were employed under practicing privileges were compliant with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014. The service had an in-date practicing privileges policy to ensure any new staff were compliant with the requirements.
- We reviewed six staff personal files (randomly selected) of various roles, professions and employment statuses. We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service also had an in-date recruitment policy to ensure all staff adhered to the requirements.

Managing risks, issues and performance

Leaders and teams 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.

- During our inspection, we reviewed the local risk assessments and found they were detailed and had ownership. We also observed they were regularly reviewed, and the risks identified reflected the risks which staff spoke of. Examples of risk assessments completed were (but not limited to) Legionella, infection control and needle stick injuries, IT and governance, lidocaine toxicity and COSHH products.
- The service conducted monthly health and safety audits to ensure the risk to patients and staff was minimal. This reviewed fire safety, the environment, electrical safety, first aid boxes and water safety. Any areas identified on these audits as non-compliant were rectified immediately. We saw evidence of where actions had been taken to address issues raised by these audits.
- The service had a health and safety policy which contained the procedures for staff to follow in unexpected events. The service also had emergency generators in case the main power supply failed. These were regularly tested.
- The service had an audit programme to ensure performance was constantly reviewed and improvements to the care and treatment patients received could be implemented.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

- The service had introduced a computer system for patient records to be stored upon and intended to eventually use a paperless system as this reduced the risk of personal data breaches. These systems were currently being used to store photographs of patients' procedures and consent forms. These were password protected and locked when not in use. The service still used paper consultation booklets which were locked away securely with no risk of unauthorised access.



Surgery

- The service had a Caldicott lead to ensure patients personal information was maintained securely and confidentially, and to ensure the information was used appropriately.
- Staff were able to access some information systems from their own computers. This included the electronic training system. All staff received training on information governance and General Data Protection Regulations (GDPR).
- The service had a details website available which was regularly reviewed by staff. This enabled patients to complete thorough research on the procedures provided at the service as well as the service itself. Information about the terms and conditions of treatment and payment was provided on this website. However, the price of treatment was given in an approximate amount due to all procedures requiring different numbers of transplants. It was therefore advised patients speak to staff to get a better understanding of the price they faced.
- The service did not advertise the procedures and treatments they provided. Patients who attended the service had either completed a search on the internet or the service was recommended to them.

Engagement

The service demonstrated some engagement with patients, staff, local groups and other professionals to plan and manage appropriate services.

- The service held regular team meetings (monthly) to engage with staff members who worked at the service. In between these meetings, staff received regular emails, text messages and calls from the managers of the service.
- The service had mechanisms to receive feedback from patients. This included leaving reviews on an online patient feedback system which also invited them to rate the provider, as well as an in-house feedback form. Staff did acknowledge more could be done to actively engage with patients for feedback. At the time of our inspection, staff did not have a set plan in place, however told us they would be reviewing the questionnaire patients received to see how this could be used more.

- The managers of the service had engaged with other providers and professionals who provided similar treatments to them. This was through local engagement as well as attending international conferences where networking took place. Staff told us these conferences had been extremely beneficial to the way they plan and manage the service, as this had extended the non-surgical options they provided patients.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

- Managers told us they continuously looked for ways in which they could improve the service they provided patients. Examples of this had been discussed which included reviewing serious incidents and never events from other providers and implementing processes to ensure this was prevented from happening at this location.
- All staff were encouraged to contribute their ideas about improving the service. Staff told us when they had suggested ideas in the past, all staff listened to them and where possible, their ideas were taken on board and improvements made. One staff member had suggested ways in which the infection prevention and control aspects could be managed within the service, and these had been listened to and implemented.
- The surgeon who completed the procedures adhered to the Health Education England (HEE) publication, part one: Qualification requirements for delivery of cosmetic procedures; non-surgical cosmetic interventions and hair restoration surgery.
- The service was still relatively new and therefore was still evolving. The registered manager had many ideas about the direction of the service and was keen to involve the service in future improvements and innovations and be a leading hair transplant service. There had already been innovations within their non-regulated activities which demonstrated the desire for continuous improvement and innovation.

Outstanding practice and areas for improvement

Outstanding practice

- The service provided holistic care and treatment to patients who accessed them. All patients had initial consultations which assessed the needs of the patient going forward using evidence-based tools, as well as identifying any areas through the consultation phase itself. From this, staff ensured plans were put in place to meet the needs of the patients which even included accommodating patients near to the clinic if they had travelled a substantial distance or providing transport to take them home after the procedure if they lived nearby.
- The service had the processes to assess and meet the mental health needs of the patients who accessed them. All patients underwent mental health assessments to ensure they were suitable to progress through the treatment journey. If additional support was required, the service provided this through accessing a registered professional who would attend the service if and when required.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should monitor all policies contain relevant details to the service provided and patients who access the service.
- The provider should continue to ensure all equipment and products are checked and stored in accordance with national and local policies and legislation.
- The provider should continue to review their feedback mechanisms to ensure they capture patient feedback.