

The Treatment Rooms, London






Quality Report

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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Overall summary

The Treatment Rooms is operated by RDA Medical Limited. The service has no inpatient beds. Facilities include one procedure room and one consultation room.

The service provides hair transplant surgery.

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection on 5 November 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.

Summary of findings

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

Services we rate

We have not rated this service before. We rated it as **Good** overall.

We found good practice:

- The service made sure that staff completed mandatory training.

- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service was patient centred and organised to consider patients' individual needs.
- The service had suitable premises and equipment and looked after them well.
- There were governance systems to monitor and improve high quality of care.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity. We rated this service as good because it was safe, effective, caring, responsive and well-led.



Summary of findings

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Good 

The Treatment Rooms

Services we looked at

Surgery

Summary of this inspection

Background to The Treatment Rooms, London

The Treatment Rooms is operated by RDA Medical Limited. The service opened in 2017. It is a private clinic in London and primarily serves the local communities.

The hospital also offers cosmetic procedures such as Botox injections. We did not inspect this service because these types of injections do not fall within CQC's scope of registration.

Dr Dilan Fernando is the CQC nominated individual and medical director. Dr Roshan Vara is the CQC registered

manager, and the managing director of the service. Both doctors are responsible for running the service and perform hair transplant surgery. Both doctors are registered with the General Medical Council.

The provider did not employ any other permanent staff. A hair technician was hired on an ad hoc basis to support the surgeons for procedures as required.

The clinic is open Monday to Saturday and patients are seen by appointment only. Patients who had surgery had access to the surgeons through a dedicated telephone number, which they were given following an operation.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Why we carried out this inspection

This was the service's first inspection since registration with CQC.

How we carried out this inspection

We inspected the service using appropriate key lines of enquiry from our framework for cosmetic surgery.

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection on 5 November 2019.

Information about The Treatment Rooms, London

The clinic has one procedure room and is registered to provide the following regulated activity:

- Surgical procedures

During the inspection, we visited the clinic. We spoke with both surgeons. We were unable to observe any

procedures as none were planned during the inspection. We spoke with three patients who had previously undergone hair transplant surgery at the clinic. During our inspection, we reviewed ten 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.

Summary of this inspection

Activity (December 2018 – April 2019)

- There were 48 day-case episodes of surgical procedures recorded. All of these were self-referrals and privately funded.
- There were no overnight beds.

The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- No never events
- No clinical incidents.
- No serious injuries
- No reported incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No reported incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

- No reported incidences of hospital acquired Clostridium difficile (C.diff)
- No reported incidences of hospital acquired Escherichia coli (E-Coli)
- There were no complaints within the reporting period.

Services provided at the clinic under service level agreement:

- Cleaning services
- Blood pathology service
- Clinical and non-clinical waste removal
- Interpreting services
- Medical gas

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?

Are services safe?

We have not rated this service before. We rated it as **Good** because:

We found the following areas of good practice:

The service made sure that staff completed mandatory training in key skills.

Staff understood how to protect patients from abuse.

The service controlled infection risk well.

The service had suitable premises and equipment and looked after them well.

Staff completed and updated risk assessments for each patient.

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

The service followed best practice when prescribing, giving, recording and storing medicines.

The service managed patient safety incidents well.

Good



Are services effective?

We have not rated this service before. We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Good



Are services caring?

We have not rated this service before. We rated it as **Good** because:

- Staff cared for patients with compassion, dignity and respect.
- Staff provided emotional support to patients to minimise their distress.

Good



Summary of this inspection

- The service involved patients in decisions about their care and treatment.

Are services responsive?

We have not rated this service before. We rated it as **Good** because:

- The provider planned and provided services in a way that met the general needs of the patient group.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The provider treated concerns and complaints seriously.

Good



Are services well-led?

We have not rated this service before. We rated it as **Good** because:

- The surgeons had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- The provider promoted a positive culture that supported and valued patients and staff.
- There was a systematic approach to continually improve the quality of the service and safeguarding high standards of care. There were effective systems for identifying risks, planning to eliminate or reduce them.
- The service managed and used information well to support its activities.
- The service engaged with patients and staff and collaborated with partner organisations effectively.
- The provider was committed to improving services.

Good








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 

The main service provided by this clinic was hair transplant surgery.

We have not rated this service before. We rated safe as **good**.

Mandatory training

The service made sure that staff completed mandatory training in key skills.

- All staff (100%) working in the clinic had completed training modules for fire safety, health and safety, equality and diversity, infection control, conflict resolution, information governance, manual handling. All training records were in date. The clinic kept training records of the hair technician (HT) who was hired on an ad hoc basis. Mandatory training requirements were reviewed in appraisals and in governance meetings.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

- An up-to-date safeguarding vulnerable adult policy, with flow charts for the escalation of concerns was available. The policy referenced relevant national guidance and included relevant contact numbers. Although the clinic did not see any children, a child safeguarding policy was also available for staff, in case there were any concerns about a child who may attend with a patient.

- All staff had the correct level of safeguarding training relevant to their role in line with national guidance. The registered manager was the safeguarding lead for the service and had completed safeguarding vulnerable adults level three training and safeguarding children level three training. All other staff had undertaken safeguarding vulnerable adult level two training and safeguarding children level two training. This level of training was in line with the intercollegiate guidance for this type of service.
- In the reporting period, the clinic did not report any safeguarding concerns to the local authority and no notifications were recorded by the CQC. However, the surgeons were clear on how they would do this and who else to inform if any concerns were raised.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- All areas that we inspected were visibly clean and dust-free, including equipment. There was an infection prevention and control policy, which referenced to current legislation and relevant guidelines.
- The surgeon told us that all portable equipment was cleaned after every use and documented on cleaning checklists. The electric couch was clean and fully compliant with health building notice (HBN00-09), as it was wipeable. There were pedal bins available in the clinic to minimise infection risk by not touching the bins.
- All surgical instruments used during a procedure were single-use to prevent the spread of infection.

Surgery

- Unlike many forms of surgery, hair transplant surgery (HTS) is not performed under sterile conditions but instead is. Due to the length of the procedure, the team operated only one case in a day. Staff involved would clean down the couch, microscope and all portable equipment in the morning and prepare the room, as well as cleaning at the end of the day after the procedure. In addition, every morning, the cleaners from the external cleaning company cleaned the room, using a checklist. We saw two months records of daily cleaning by cleaners and there were no gaps or omissions. The cleaning company were also contracted to perform deep cleans of the surgical room.
- Adequate supplies of personal protective equipment (PPE) were available, including sterile gloves which were used for procedures. Doctors informed us that all staff would change into blue scrubs style uniform and adhered to 'bare below elbows' (BBE) dress code. We were unable to observe whether doctors and clinical staff adhered to this as there were no patients or procedures that took place during the inspection.
- During October 2018 to September 2019, the provider reported no surgical site infections.
- Dispensers with hand sanitising gel were situated in appropriate places within the clinic. Guidance for effective hand washing was displayed by hand washbasins. Hand washbasins were equipped with soap and disposable towels. We were unable to observe handwashing in practice as there were no procedures that took place during the inspection.
- Sharps containers within the clinic were dated and signed when assembled, not overfilled and temporarily closed when not in use. This was in line with the Department of Health's Health Technical Memorandum (HTM) 07-01: Safe management of healthcare waste to protect staff and patients from accidental injury.
- Clinical waste disposal was provided through a service level agreement (SLA) with an external provider. Clinical and non-clinical waste was correctly segregated and collected separately.
- The clinic did not screen patients routinely for Meticillin-resistant Staphylococcus aureus (MRSA) or other multiple drug resistant organisms as they had no inpatients and was not necessary for the setting and types of procedures undertaken.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- The environment and equipment were appropriate and well maintained. The clinic was used for both consultations and procedures. There was a desk and chairs in the consultation room. The procedure room was equipped with a microscope, an electronic patient reclining chair and an entertainment unit. There was easily accessible disposable equipment which was in date and stored appropriately.
- The service maintained and tested electrical equipment to keep it safe and fit for purpose. Portable appliance testing (PAT) for electrical equipment and fittings had been undertaken in July 2019. All portable equipment we checked had been tested and labelled to indicate the next review date.
- The clinic had an up-to-date fire risk assessment and a fire evacuation plan. Recommended actions had been undertaken, for example appropriate storage of the fire extinguisher.
- A legionella risk assessment had been carried out (legionella is a term for a bacterium which can contaminate water systems in buildings) and there were no actions to follow up.
- The clinic stored and maintained equipment to allow them to respond to medical emergencies. A sealed resuscitation cupboard was located in the corridor of the clinic. It was well organised and clearly labelled and contained adult resuscitation equipment, covering various emergencies, for example hypoglycaemia (low blood sugar), diazepam overdose, anaphylaxis, sepsis, seizure or first aid. The contents included medication, an automated external defibrillator (AED), suction machine and equipment to maintain airways. We saw completed checklists documenting that the resuscitation cupboard had been checked weekly. Emergency drugs were available and within the use by date. There were different emergency guidelines available, for example sepsis pathway, anaphylaxis algorithm, adult advanced life support.
- The service kept a locked cupboard for control of substances hazardous to health (COSHH) products in a locked storage room. This was to prevent or reduce staff

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exposure to hazardous substances. However, we found a bottle of alcoholic disinfectant on a shelf in the storage room. When we raised this, staff immediately placed it in the COSHH cupboard.

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.

- There was an admission policy which included a list of exclusion criteria. The surgeons informed us that for hair transplant surgery, the majority of the patients were fit and well with no significant past medical history and no history of adverse reactions. All procedures were low risk and performed under local anaesthesia.
- Before providing treatment, the surgeons ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. A thorough medical history was taken for all patients, to identify any patients who may be at higher risk due to other medical conditions. The team would refer patients to relevant specialties if necessary, for example; cardiologist, dermatologist, to ensure patients were fit for surgery.
- We saw a comprehensive pre-assessment medical questionnaire, that was used for all patients having surgery at the clinic. This included questions about any recent surgery, medications, any treatment for any medical conditions, allergies, and if female patients could be pregnant or breast-feeding.
- Consultations for procedures were face to face, with one of the surgeons assessing and examining the patient and explaining their treatment options, any risks and the expected outcome. Patients were seen by appointment only.
- Patients who had undergone surgery could contact one of the surgeons at any time on a dedicated telephone number, which they were given following an operation.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Both doctors and the hair technician had undertaken advanced life support (ALS) training. In the event of any emergency, 999 would be called, however, this had not happened.

- Doctors assessed and discussed every patients psychiatric and emotional health to determine if patients had body image issues. This was done in line with professional guidance. If there were any concerns, patients were asked to complete a detailed body image questionnaire. We saw the template for this. The service had links to a psychiatrist if patients needed to be referred for further support.
- The service recently started using the five steps to safer surgery checklist for patients having a hair transplant surgery. We saw evidence that this was now in use. This was in line with national recommendations (NPSA Patient Safety Alert: WHO Surgical Safety Checklist). The clinic had produced guidelines for the implementation of local safety standards for invasive procedures and a surgical safety checklist.

Support staffing

The surgeons were the only permanent staff members. No other permanent staff were employed. The provider hired enough support staff to provide the right care and treatment.

- A hair technician was independently contracted for procedures. This was not unusual, as technicians are usually self-employed and hired as required for most hair transplant services. Currently, there is no formal training or recognised qualification for hair technicians. All training was given on the job. We saw records of the hair technician who worked with the team, including evidence of sufficient training relevant for their role.

Medical staffing

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

- Both doctors carried out all hair transplant procedures together. They also managed the clinic appointments for consultations and follow-ups.
- The doctors had the skills, knowledge and experience to carry out their roles. Both were registered with the General Medical Council (GMC).
- Both doctors were members of the British Association of Hair Restoration Surgery and the nominated individual was member of the Royal College of Surgeons.

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Records

The service kept detailed records of patients' care and treatment.

- Patient records were stored securely. Patient clinical records were paper based and organised in folders, which were kept securely within a locked storage room. The paper records included pre-assessment forms, consent forms, surgical documentation and checklists.
- The clinic also used an electronic clinical management system to store patient information and follow-up care information. All pre and post-operative pictures of the patient were stored electronically. The system was password protected. The service used written continuation sheet proformas for all post-operative consultations. This required a date and signature by the clinician, it was then scanned and included with the patient notes.
- Patient records were complete and legible. We looked at ten patient records who had a procedure at the clinic. We found all records contained a medical history, description of the problem, an assessment of the patient and post procedure advice, information given to the patient, such as graft care, hair care and hair styling.

Medicines

The service followed best practice when prescribing, giving, recording and storing medicines.

- There was a medicine optimisation and management policy as well as an antibiotic policy which referenced to relevant national guidance. The clinic held limited stocks of medicines relevant to the service they offered.
- Medicines were stored in a secure locked cupboard and in a locked fridge within the clinic. The clinic measured and recorded ambient and fridge temperatures and all medications were stored within the manufacturers recommended range to maintain their function and safety. All stock medicines which we inspected were in date.
- Stock medicines were only given as first dose to the patient at the clinic, then take-home medication was prescribed by the surgeon for the patient to collect at their choice of pharmacy.

- We found storage and documentation of controlled drugs (CD) to be appropriate. Controlled drugs are prescription medicines that contain drugs controlled under the Misuse of Drugs legislation. There was a service level agreement for CD storage with the pharmacy located within the same building.
- Pharmaceutical waste, including CD was disposed of in the pharmacy within the same building. There was a service level agreement for this.

Incidents

The service had systems and processes to manage patient safety incidents well.

- The service did not report any never events between October 2018 and September 2019. Never events are serious incidents that are entirely preventable as guidance or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- No serious incidents or clinical incidents were reported between October 2018 and September 2019.
- There was a 'significant events, adverse events and near misses policy' dated December 2018. We reviewed the policy, which was in line with current national guidance and included a protocol and incident form for reporting, reviewing and investigating any serious incident.
- The nature of service provided at the clinic did not require mortality and morbidity reviews.
- The Duty of Candour (DoC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This means providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. There had been no incidents which met this threshold. However, the provider was aware of their regulatory duties relating to DoC should any relevant incidents arise in the future.

Safety Thermometer (or equivalent)

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The clinic did not use any clinical quality dashboards to monitor safety due to the nature and size of the service.

- The clinic, unlike NHS trusts, was not required to use the national safety thermometer to monitor areas such as venous thromboembolism (VTE). The clinic did not use any other clinical quality dashboards to monitor safety due to the nature and size of the service.

Are surgery services effective?

Good 

We have not rated this service before. We rated it as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness.

- Clinical policies and procedures we reviewed were all in date and referenced relevant National Institute of health and Care Excellence (NICE) and Royal College guidelines. The clinic also used guidance from the International Society of Hair Restoration Surgery. This organisation promoted best practice for this type of surgery.
- Policies and procedures were available in a folder at the clinic. The policies folder had a list for staff to sign once they had read the policies.
- All surgical treatments followed a 'cooling-off' period of at least two weeks from the initial consultation. This enabled patients to return at a later date for the treatment once they had made an informed decision. This was in line with best practice.

Nutrition and hydration

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

- As procedures could last many hours, patients were offered beverages of their choice and lunch. On arrival at the clinic, patients were asked what they would like for lunch and a member of staff would organise this.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

- The service managed patients' pain well.
- All patients were prescribed analgesia for pain control following a procedure. A post-operative information pack, given to each patient, included guidance on pain relief that should be taken once at home. Data provided showed that during October 2018 and September 2019, there had been no case of prolonged (>28 days) pain reported by patients during their follow up assessment.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

- Patients had an initial consultation with one the surgeons, who would assess their suitability for treatment and advise how many hair follicles they would need transplanted to achieve the expected results following surgery. Photographs were taken at the time the patient was accepted for treatment with the patients' consent.
- Patients had a follow-up reviews after one, six, 12 and 18 months to review hair growth progress against expected results. Photographs were taken at each stage. Data provided showed 100% successful hair regrowth following hair transplantation in the period of October 2018 to September 2019. If the outcome was less successful than expected, the clinic offered a second, complimentary transplant procedure.
- The provider told us they would not perform a procedure where there were unrealistic expectations. This was also formulated in the service's admission policy.

Competent staff

The service made sure staff were competent for their roles.

- Both surgeons had valid General Medical Council (GMC) registration, a valid fitness to practice certificate and up-to-date Disclosure and Barring Service (DBS) checks. They were members of the British Association of Hair Restoration Surgery, and the nominated individual was

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a member of the Royal College of Surgeons. They both attended regional and international conferences and meetings as part of their continuing professional development.

- The surgeons had appraisals and revalidation undertaken by an independent body. We saw evidence of these.
- The provider did not employ any permanent staff. Both doctors managed the clinic's appointments, as well as organising and booking procedures. The same hair technician was booked to support the provider for procedures as required.
- We were provided with evidence to show that the clinic held staff records for the hair technician. The files included relevant documents such as: immunisation records, references, training records, CV, and copies of identification.
- The provider carried out staff checks at the time of recruitment or hiring a technician. Disclosure and Barring Service (DBS) checks were undertaken on all staff members. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Multidisciplinary working

Staff of different kinds worked together as a team to benefit patients.

- The doctors showed a willingness to work with patients' GPs. However, they would only share information regarding a procedure with patients' consent.
- The surgeon gave examples of working with other services. For example, the liaising with patients' GPs, psychiatrists, other hair transplant surgeons, dermatologists and other healthcare providers as required.

Seven-day services

- The clinic was open Monday to Friday from 9am to 7pm and Saturdays from 9am to 2pm

- Patients were seen by appointment only. Patients who had undergone surgery had 24-hour access to the surgeons on a telephone number which they were given following an operation. Patients we spoke with confirmed this.

Health promotion

- The provider informed us that where patients' needs could not be met by the service, they were directed to the appropriate service for their need. For example, to a dermatologist for any scalp and skin care conditions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- The service sought patients' consent to care and treatment in line with legislation and guidance. We looked at ten sets of patient records and found clear documentation of consent, including signed consent forms, in all. All records that we reviewed had a clear gap of at least two weeks from consultation to the surgical procedure. We saw consent was obtained for the use and retention of medical photographs.
- There was a 'consent to care and treatment policy'. The provider had developed protocols and procedures to ensure that consent for procedures and treatment was obtained and documented. Consent forms contained benefits and risks associated with the hair transplant procedure in line with RCS guidance.
- After the initial consultation, a minimum of two week 'cooling-off' period (time given to the patient to consider whether they wanted to proceed with the surgery) was applied, after which the patient would complete a consent form along with the medical questionnaire. A copy of the consent form would be offered to the patient.
- The doctors understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. There was a mental capacity policy, which made reference to carrying out mental capacity assessments where

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necessary and included a mental capacity assessment form and best interest form. The clinic only accepted low risk, medically fit patients for surgical procedures so patients lacking capacity were not treated at the clinic.

- The team informed us that some of the patients did not want their GP to be informed about their treatment. Patients were asked for consent to contact their GP at the initial consultation and this information was documented within the pre-assessment questionnaire.

Are surgery services caring?

Good 

We have not rated this service before. We rated it as **good**.

Compassionate care

Staff cared for patients with compassion, dignity and respect.

- The clinic environment ensured privacy as only one patient was booked for a procedure for each day. Staff confidently told us how they would ensure privacy and dignity of all patients. Patients were given the consultation room to use during procedure days to store their belongings and to have lunch in private.
- We spoke with three patients who previously had hair transplant surgery. All were very happy with the care and treatment they had experienced at the clinic and would come back again. They felt well taken care of at all times and praised excellent communication with both doctors before and after surgery.
- Patient testimonials on the clinic's website were all very positive about the service provided. The clinic collected patient feedback on paper comment forms we saw in the clinic waiting area. We saw nine completed patient feedback paper forms from January to October 2019. All nine reflected a positive patient experience and all would recommend the service to friends or family. All participating patients felt they were treated with dignity and respect. One of the comments was, "Exceeded expectations for treatment, thoroughly impressed". Another patient commented: "I was made very comfortable and the doctors and staff were brilliant."

Emotional support

Staff provided emotional support to patients to minimise their distress.

- The team demonstrated a good understanding of providing compassionate care to patients. They told us of examples how they would reassure nervous patients and allowed for extra time during their appointments. One patient told us how the team would make sure he stayed comfortable during the lengthy procedure.
- Patients' mental and emotional health was assessed during their initial consultation. Patients that were deemed to have mental or emotional health conditions, such as body dysmorphia, that may influence their treatment decision were referred to a psychiatrist. Patients could possibly have treatment at a later date if their psychiatrist was in support of this.
- The team understood anxiety or distress associated with the procedure and supported patients as much as possible. Patients could bring a friend or relative, watch television or listen to music of their choice.

Understanding and involvement of patients and those close to them.

The service involved patients in decisions about their care and treatment.

- Patients were advised of the cost and expectations of their treatment at the initial consultation appointment. The patients we spoke with said there had been no extra or hidden costs. Patients were given a 'cooling-off' period of at least two weeks after the initial consultation, in line with best practice guidelines. All patients were required to sign an agreement stating terms and condition before the procedure.
- The doctors explained the importance of managing patient expectations prior to surgery. This ensured patients were realistic about the final outcomes of surgery. The patients we spoke with told us about detailed and lengthy discussion about hair loss, the possible surgical outcome and prognosis. They felt very well informed and impressed by the information provided during their initial consultation. One of the patient feedback comments was "I was explained everything very well.". Another patient wrote: "They made everything very clear and I was involved in the decision".

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Are surgery services responsive?

Good 

We have not rated this service before. We rated it as **good**.

Service delivery to meet the needs of local people

The provider planned and provided services in a way that met the general needs of the patient group.

- The clinic provided elective cosmetic procedures to patients aged over 18 years. No procedures conducted involved an overnight stay at the clinic.
- The clinic was open six days a week and provided consultations and elective hair transplant surgery by appointment only, at a time to meet the needs of the patient group. Appointments were generally arranged on the telephone or by email.
- The team booked only one patient for hair transplant surgery per day as one case could take many hours and both doctors were involved in the procedure.
- There was reception desk and waiting area. It was bright, well-lit and kept tidy. The waiting area had comfortable seating and patients were offered water and a variety of hot beverages.
- There were service level agreements with healthcare waste, interpreting, medical gases and laboratory diagnostic services.

Meeting people's individual needs

The service took account of patients' individual needs.

- The hair transplant procedure could last more than six hours. The doctors informed us that during the procedure, patients were provided with a variety of drinks and lunch of their preference. Different dietary requirements could be catered for. Patients were asked about their preferred entertainment during the procedure and could choose their favourite music, audio talks, television programme or movies.
- The clinic produced a detailed pre and post procedure information leaflet on Follicular Unit Extraction (FUE),

which is a surgical technique that removes individual hair or follicular units from one area to implant them to another area. The service's website also provided information about the procedure.

- There was a service level agreement (SLA) with an interpreter service, which provided telephone or personal interpretation. Staff knew how to contact the service and would arrange an interpreter to be present, if required.
- The clinic was not accessible for wheelchair users. However, the service offered consultations at their wheelchair accessible office in Central London and would refer patients to a hair transplant service that could accommodate wheelchair users.

Access and flow

People could access the service when they needed it.

- The service provided elective and pre-planned hair transplant procedures to self-referring patients. Patients could telephone and book an appointment for a date and time that suited them. The team told us there was no waiting period for appointments as the clinic was not running at full capacity yet.

Learning from complaints and concerns

The provider had systems in place to handle concerns and complaints seriously.

- The clinic had a formalised process of handling complaints which was outlined in a written policy. The policy stated that all complainants would receive a written acknowledgement within two working days of the complaint and a full written response within 20 working days, or otherwise agreed timeframe. The service did not receive any formal complaints in the reporting period.
- The team told us they would always try to handle and resolve complaints informally first, with the patient referred to the complaints procedure if required. If no resolution could be reached, the clinic would refer the complaint for independent review. The service was subscribed to the Independent Health Complaints Advocacy Service and patients could escalate their complaint if they were not satisfied with the clinic's response, although this had not happened.

Surgery

Are surgery services well-led?

Good 

We have not rated this service before. We rated it as **good**.

Leadership

The surgeons had the right skills and abilities to run a service providing high-quality sustainable care.

- The service was led by two surgeons who filled the roles of medical director and registered manager. They were both responsible for the organisation's governance. The registered manager was the nominated safeguarding lead.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action.

- The service had a clear vision, striving to be acknowledged by patients, suppliers and regulators as the leader in the sector by engaging nationally to improve clinical care in hair transplantation, with an ambition to exceed patient expectations. We saw a clearly formulated strategy to deliver this vision.

Culture

The provider promoted a positive culture that supported and valued patients and staff.

- The provider had purposefully developed a service with a focus on patient experience, personal, one-to-one service, and contact with doctors throughout the patient journey. The provider had created a culture and environment to attract highly skilled, happy, motivated staff, who would share their passion and enthusiasm.
- We saw that patients completed a contract which clearly stated what course of treatment they had chosen and the cost. We saw that terms and conditions were clearly recorded and the person receiving the treatment was required to sign this contract prior to surgery. We asked three patients who confirmed that total cost and what was included in the cost was clearly explained to them at the initial consultation. They did not feel pressured to go ahead with the procedure at any time. Patients could change their mind at any point before the surgery and

any paid deposit would be returned. There was online and paper based patients' feedback; all feedback demonstrated that staff ensured a culture that was caring and supportive.

- There was a duty of candour (DoC) policy. The surgeons had relevant training and were aware of the requirements of the duty of candour.

Governance and Managing risks

There was a systematic approach to continually improve the quality of the service and safeguarding high standards of care. There were effective systems in place for identifying risks, planning to eliminate or reduce them.

- The service had established a governance framework and produced records to demonstrate that processes were completed. For example, we saw cleaning schedules and surgery procedures. Relevant governance policies and clinical guidelines were available. Governance meetings took place monthly. We saw meetings minutes with a fixed agenda, reviewing and discussing training, audits, safety and other governance topics.
- There was a medical advisory committee (MAC), chaired by a hair transplant surgeon not affiliated with the clinic. The MAC advised on matters such as scope of practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process in place for overseeing and verifying doctor revalidation and continuing practice development. Meetings were organised monthly and we saw meetings minutes.
- The service kept a risk register. The risk register recorded the location of risks, a brief analysis, a description, the severity and likelihood rating, any mitigation measures, a responsible person and a target date to review. The risk register contained risks identified and discussed during inspection. We saw completed risk assessments for the clinic in addition to the risk register.
- There was an audit programme in place with audits in relation to the service to improve performance and support safety. Audits were reviewed regularly at governance meetings, for example pain audit.
- We saw evidence of current medical indemnity cover.

Surgery

Managing information

The service managed and used information well to support its activities.

- There was a General Data protection Regulations (GDPR) and patient data policy. The clinic was registered with the Information Commissioner's Office as a data protection officer under the Data Protection Act 1998.
- Paper based medical records were stored on site and were available for staff if needed. Documentation of follow-up visits or consultations were recorded and stored on paper and electronically.

Engagement

The service engaged with patients and staff and collaborated with partner organisations effectively.

- The service actively sought feedback from patients. Patient feedback was received through the clinic website, internet search engine and as paper feedback form.

- The provider sought feedback from staff in regular meetings. The clinic did not carry out any formal staff surveys as both doctors ran the service and only one support staff worked on an ad hoc basis. The hair technician was given opportunity to feedback verbally in meetings or during appraisals.
- The clinic collaborated with another hair transplant surgery provider and referred patients there for a different type of hair transplant procedure.

Learning, continuous improvement and innovation

The provider was committed to improving services.

- The clinic offered a free-of-charge first consultation for all new patients.
- Both doctors took active parts as members of the British Association of Hair Restoration Surgery and attended conferences to engage with other providers and surgeons. They shared learning from other organisations and implemented best practice.