City Clinics Group Limited

MO Surgical Aesthetics Limited

Inspection report

991 Abbeydale Road
Sheffield
S7 2QD
Tel: 07454005209

Date of inspection visit: 08 March 2023
Date of publication: 03/07/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- People could access the service when they needed it. Staff provided effective care and treatment and gave patients pain relief when they needed it. The service made it easy for people to give feedback.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care and treatment.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients and acted on them. The service had very few safety incidents and learned lessons from those that had occurred.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued and were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities and were committed to improving services continually. The service engaged well with patients and each member of staff.

However,

- The entrance to the first-floor treatment room and to the second floor of the building were by two flights of rather steep narrow staircases which limited accessibility in the event of a patient deteriorating. In the theatre area, buzzers were not available to alert trained members of staff.
- Equipment to support the deteriorating patient did not meet the requirements for a hospital theatre setting.
- Care records were incomplete.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We had not previously rated this service. We rated it as good because: • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients. • The service planned and provided care in a way that met the needs of local people and made it easy for people to give feedback. People could access the service when they needed it. Staff provided effective care and treatment and gave patients pain relief 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 and supported them to make decisions about their care. • The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. The service controlled infection risk well. Staff assessed risks to patients and acted on them. The service had very few safety incidents and learned lessons from those that had occurred. • 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 felt respected, supported and valued and were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. • Leaders operated effective governance processes and were committed to continually improving services. The service engaged well with patients and each member of staff. However, • The environment presented some accessibility issues which were not fully addressed by safety arrangements.

Summary of findings

- Equipment to support the deteriorating patient did not meet the requirements for a hospital theatre setting.
- Care records were incomplete.

We rated this service as good overall because it was effective, caring, responsive and well led.

Summary of findings

Contents

Summary of this inspection

Background to MO Surgical Aesthetics Limited

MO Surgical Aesthetics Limited is operated by City Clinics Group Limited and provides day case surgical hair transplant services for private patients over the age of 18. The service is led by a consultant surgeon who is the registered manager with CQC for two locations in London and Sheffield. The Sheffield service was registered by CQC on 19 April 2021. MO Surgical Aesthetics Limited used the premises in Sheffield by formal arrangement with another CQC registered provider.

The clinic is registered to provide the following regulated activities:

• Surgical Procedures

• Diagnostic and screening,

• Treatment of disease disorder and injury

Of the two methods of hair transplantation available, the service provided follicular unit extraction (FUE). This means individual follicles are extracted and then implanted into small excisions in the patient's scalp. All procedures are undertaken using local anaesthesia.

Activity for 8 June 2022 to 20 March 2023:

• The clinic carried out 46 FUE day case procedures.

- The clinic undertook 80 new consultation appointments, of which 23 were face-to-face and 57 virtual.
- The clinic also undertook 167 follow up appointments.

We had not previously inspected the service.

How we carried out this inspection

Our inspection was announced (staff knew we were coming) to ensure that we could inspect the service when patients and staff were present. We inspected the cosmetic surgery service on 8 March 2023.

The inspection team on site consisted of a lead inspector, a second inspector and a specialist advisor. An Inspection manager provided remote support to the inspection team. The inspection was overseen by Sarah Dronsfield a Deputy Director of Operations.

We visited one location and looked at the quality of the overall environment and observed how staff were caring for patients undergoing a surgical procedure. We inspected and rated all 5 key questions. We spoke to each of the five members of staff, including the registered manager and consultant surgeon, engaged with 6 patients and reviewed 6 sets of staff and patient records. We looked at a range of policies, procedures and other documents which related to the running of the service. After our inspection, we reviewed performance information about the service and information provided to us by the service, including policies and procedures.

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

In assessing and responding to patient risk, the surgeon completed a calculation for patients based on their height and weight to determine the local anaesthetic dosage. Staff monitored the patients' saturation levels using a pulse-oximeter throughout their procedure and completed regular NEWS2 chart and blood pressure observations, demonstrating awareness of the deteriorating patient.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that safety arrangements address the accessibility issues presented by the clinic environment. (Regulations 12 (2) (b) (d); 15 (1) (f)).
- The service must ensure that equipment is available to support the deteriorating patient which meets the requirements for a theatre setting. (Regulations 12 (2) (e) (f); 15 (1)(f))
- The service must ensure that record keeping is up to date so that care records are maintained in full and risk assessments identify how the surgeon would follow up any flagged risks from pre-assessment such as falls or venous thromboembolism. (Regulations 17 (2) (c)).

Action the service SHOULD take to improve:

- The service should ensure wristbands are issued to patients.
- The service should ensure patient notes contain a section for staff to complete formal prescriptions and to follow a checklist when prescribing for patients for example for pain relief.
- The service should ensure that any issues for the patient which may have been identified at the pre-op assessment, for example pressure damage or previous deep vein thrombosis are documented in the patient's notes.
- The service should ensure patient welfare checks, for example as to nutrition and hydration needs, are documented.
- The service should develop the clarity of its vision and strategy and share this with each member of staff.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Requires Improvement

We have not rated safe before. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Mandatory training was comprehensive and met the needs of patients and staff. Each member of staff had achieved 100% compliance with their mandatory training. Staff accessed training online, with some face-to-face practical skills sessions. The provider's training consisted of 41 e-learning modules and a practical basic life support (BLS) module. The consultant surgeon completed advanced life support (ALS) training. Life support training was done by an external provider. Clinical staff including the surgeon and surgical assistants also undertook a manual handling module.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia. Staff received training to ensure they were aware of patient's potential needs such as mental health conditions. For example, they completed mental capacity assessment training and demonstrated a clear understanding and how to make reasonable adjustments for patients.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff completed refresher training modules annually and BLS every three years. The clinic manager used a search engine calendar to prompt staff when their training was due and training data was audited. Staff told us they did not get protected time to complete mandatory training refresher modules.

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.

The service had in place an up-to-date safeguarding policy which contained references to relevant legislation. Each member of clinical staff completed safeguarding training for adults and children to level two. Administrative staff completed adult and children safeguarding training level one. The consultant surgeon and nominated safeguarding lead completed safeguarding training for adults and children to level three.

Good

Surgery

Each member of staff we spoke with were clear who was the named lead. Staff demonstrated an awareness of potential safeguarding issues and knew how to escalate safeguarding concerns. No safeguarding incidents had been reported by the service to date.

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.

The service generally performed well for cleanliness. The service had an in-date infection control policy. Patient areas were clean and had suitable furnishings which were clean and well-maintained. The environment was kept clean and clutter free and infection prevention and control measures were in place in each area of the clinic. We observed effective infection prevention and control (IPC) measures in all clinic areas.

Staff followed infection control principles including the use of personal protective equipment (PPE). The clinic had signs informing patients and other visitors that social distancing measures were in place to protect them from virus transmission. Patients and visitors were also asked to apply hand sanitiser upon arrival, wash their hands regularly and avoid touching surfaces and products unless essential. Treatment rooms had handwashing facilities and sanitation stations with all sizes of nitrile gloves available. PPE was used in the surgical environment appropriately. Each member of staff and the patient wore the correct PPE and adhered to the five steps for hand hygiene. We observed that clinical staff complied with 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance.

The service used a contract cleaning company to clean before each clinic shift and cleaning logs were maintained appropriately. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff deep cleaned the treatment room using a cleaning checklist after the patient had left the clinic. The clinic undertook hand hygiene audits monthly and an annual infection prevention and control audit was completed by an external provider. We reviewed records which demonstrated a high level of compliance with those audits. Staff worked effectively to prevent, identify and treat surgical site infections (SSIs). The service reported no SSIs in the 12 months before our inspection.

Environment and equipment

The maintenance and use of facilities kept people safe, and staff were trained to use equipment. However, the design of premises and the maintenance and use of some equipment was inconsistent.

The service had suitable facilities to meet the needs of patients. The clinic had a spacious reception, waiting and seating area for patients. Bathroom facilities included a shower. The design of the environment reflected national guidance, following the Royal College of Surgeon's (RCS) professional standards for cosmetic surgery. Treatment room door signs reminded patients about oxygen, not to wear shoes and to wear a mask and keep their distance.

The premises were dual use with another registered provider. Access to the first-floor treatment room and to the second floor of the building was by two flights of rather steep and narrow stairs and no lift or evacuation chair was in place. Warning signs were in place and no incidents had been recorded because of falls. In the theatre no buzzers were in place which could be used to alert a trained member of staff. In the event of a patient deteriorating the ability of staff to respond urgently may be delayed. The registered manager informed us the service had discussed installing an evacuation chair.

The clinic premises was fire safety compliant. A fire blanket was located outside the main first floor treatment room with fire action signs informing staff, patients and visitors of the assembly point in the event of an evacuation. An automated external defibrillator (AED) was centrally placed for staff to access with a replacement battery and pads for adult patients available. A biohazard spill kit, eyewash kit and first aid kit were in date and accessible.

The service had enough suitable equipment to care safely for patients. An equipment policy was in place and each item of equipment with one exception was in date. Portable appliance testing was up to date. Equipment was single use and stock items were in date. Some items of reusable equipment for example the main theatre light was not in date although the service explained this was maintained by the other provider using the premises. We were not able to review equipment that was in use at the time of observation.

Clinical staff stored patient's extracted hair follicles on ice packs prior to transplant. There was no means of monitoring or regulating the optimal temperature and no related policy or procedure was in place. A sharps policy was in place although we found no sharps count was used for needles pre- and post- procedure for assurance of disposal. Staff did not carry out daily safety checks of specialist equipment or update monthly checklists appropriately.

The resuscitation trolley was located next to the main treatment room in a side room with limited space, so that the trolley could not be manoeuvred easily in the event of an emergency. The resuscitation trolley stock items were quite limited for a hospital setting. The resuscitation trolley required items to be available which reflected the surgeon's advanced life support (ALS) training. Staff completed monthly resuscitation trolley checks and the clinic manager maintained a digital checklist. No updated equipment checklist was kept on the resuscitation trolley itself or resus council (RCUK) guidelines, to support the completion of regular checks. The trolley required an updated equipment checklist which would meet resuscitation council (RCUK) guidelines, so that staff can evidence when they last checked stock. The resuscitation trolley risks were documented in the clinic risk register.

A control of substances hazardous to health (COSHH) policy was in place and staff completed COSHH risk assessments and training as part of their mandatory induction. Staff managed clinical waste safely in the clinical area. Staff disposed of used equipment safely at the end of each clinical session. Clinic treatment rooms included foot-peddle activated bins for hands free use and waste disposal. A clinical waste policy was in place which included arrangements for appropriate storage and collection although the waste storage area to the rear of the premises was publicly accessible.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and acted quickly to support patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

An admission and discharge policy supported appropriate admission and discharge of the patient. Staff informed us that for hair transplant surgery almost all patients were fit and well with no significant medical history. Procedures were low risk and performed under local anaesthetic. If required, the service referred patients to the relevant specialty to ensure the patient was fit for surgery.

Before surgery, staff used a nationally recognised tool to identify deteriorating patients and reviewed this regularly. The surgeon completed pre-operative assessments for each patient to identify any risks and completed a calculation for the patient based on their height and weight which was documented in the patient records. Staff monitored patients' saturation levels using a pulse-oximeter throughout their procedure and completed regular NEWS2 chart and blood pressure observations, according to patient need. If a patient NEWS score indicated above normal risk staff informed the surgeon and further examination was undertaken, although the need to escalate had not arisen.

Good

Surgery

Staff told us what action they would take if a patient was at risk of deterioration. Each member of staff was trained in basic life support (BLS) and the surgeon was trained in advance life support (ALS). A BLS flowchart was located on the wall for staff to follow. The surgeon adhered to the resuscitation council UK (RCUK) guidelines ALS algorithm. A safer surgery checklist reflecting World Health Organisation (WHO) guidance was in place, following national recommendations (NPSA Patient Safety Alert: WHO Surgical Safety Checklist).

Staff we spoke with were able to recognise and respond to patients at risk and warning signs, although they were not always aware how to respond to specific risk issues. We were unable to identify that risk assessments had been documented in the 5 sets of patient notes reviewed. Risk assessments of pressure area damage (Waterlow) and other patient risks identified prior to surgery were not documented. This meant we were unsure how the surgeon would follow up any flagged risks from pre-assessment such as falls or venous thromboembolism. Patients were not provided with wristband identification during surgery.

Staff shared key information to keep patients safe when handing over their care to others. Each member of staff completed training in sepsis management and the deteriorating patient. A policy was in place for responding to the deteriorating patient and a sepsis policy specified accessing the NHS in an emergency. In the case of an emergency patients were transferred to the nearest acute hospital facility.

The surgeon conducted follow-up telephone calls after the patient's discharge. Following surgery, the patient had 24-hour access to the surgeon and was subsequently seen after 3, 6 and 12 months for follow-up.

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.

One consultant surgeon assisted by 2 hair technicians undertook surgical procedures. The service shared staff vacancy, turnover and sickness rates for the previous 3 months which showed nil vacancy, turnover or sickness rates for the period. Actual staffing numbers matched planned numbers. We observed there were sufficient surgical and support staff present in the service and staff we spoke with confirmed staffing was sufficient for the activities undertaken in the clinic and that they were well supported in the role. The service offered pre-booked appointments to patients which allowed for effective planning of staffing, to meet clinical needs. Arrangements were made to cancel surgery in the event of sickness.

Disclosure and Barring Service (DBS) checks were undertaken for each member of staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider undertook employee checks at the time of recruitment and prior to the member of staff commencing employment. New members of staff undertook a formal induction and were supported to complete safety practice training. Staff were trained to support patients with sensory impairments.

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 although we found care records were not always fully completed during the surgical procedure.

Patient records were held on a combination of electronic and paper-based recording systems. A records management policy for the service was in place which supported patient information being maintained in both electronic and manual

records. Data protection principles were supported by training linked to a separate information governance and data protection policy. Following the inspection, we requested 6 sets of patient health records including consent forms and pre-assessment information and we found these were completed fully and correctly. Regular audits of patient records were completed. Records were stored securely.

We observed that prior to the surgical procedure staff did not issue wristbands to patients which is best practice for any invasive surgical procedure and would have made identification and for example, awareness of allergies, straightforward. Issues which may have been identified at the pre-operative assessment, for example pressure damage or previous deep vein thrombosis were not documented in the patient's notes. Although staff undertook frequent welfare checks, for example as to nutrition and hydration needs this information was not documented during the surgical procedure.

Medicines

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

A medications management policy was in place which included processes for prescribing, administering, recording, storing and disposing of medicines. Controlled drugs were not used in the service. We observed that no sedation was used, and no anaesthetics were administered, other than topical. Temperature-controlled medication was not kept on the premises. We checked a sample of stock items and found all were in date except for one item (Glycogen) which we brought to the attention of the practice manager. We observed the cabinet and treatment room where medication was stored was locked when not in use.

Incidents

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.

An incident management and reporting policy was in place to support the reporting and investigation of adverse incidents including near misses. We found systems were in place to record and investigate incidents although no incidents had occurred at the location which required the policy to be invoked. Mandatory training included responding to incidents and near misses so that staff understood what an incident was and how to report and investigate it. To date, the service had no Never Events and no serious incident reported. Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. Staff understood the duty of candour. They were open and transparent and gave patients a full explanation when things went wrong.

Is the service effective?

Good

We have not rated effective before. 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. The service met cosmetic surgery standards published by the Royal College of Surgeons.

Good

Surgery

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical policies and procedures referenced relevant National Institute of Health and Care Excellence (NICE) and Royal College guidelines. The consultant surgeon was General Medical Council (GMC) registered as a specialist doctor. The service was information commissioner's office (ICO) accredited, the International Alliance of Hair Restoration Surgeons (IAHRS) registered and in application to the British Association of Hair Restoration Surgery (BAHRS). Staff we spoke with said they were kept updated about any new or latest best practice guidance.

The service promoted best practice for this type of surgery. Staff protected the rights of patients in their care. Surgical treatments provided for a cooling-off period following the patient's initial consultation to support them returning for the treatment at a later date after having made an informed decision. This was in line with best practice. Pre-operative assessment included screening the patient using a defined set of suitability criteria to ensure they were suitable for the treatment.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Patients with any special dietary needs were identified at pre-assessment and supported appropriately. Patients were offered a choice of refreshments and hot beverages and encouraged to take frequent breaks during surgery.

Patients experiencing post-operative nausea were supported. Patients did not normally need to fast before their procedure, but staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff prescribed, administered and recorded pain relief accurately. Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients were monitored regularly to see if they were in pain and staff used a pain score out of ten. Patients received pain relief soon after requesting it and were offered pain relief at appropriate intervals during their procedure. Patients we spoke with confirmed that the level of pain they may experience was explained to them ahead of the procedure and they were offered pain relief appropriately. Some patients we spoke with said they found they did not require pain relief. Patients were given information about and what action to take should they feel pain on discharge from the service.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations. The service used patient outcome measures to support improvement. Patient survey responses were obtained from 87 per cent of patients and indicated an overall level of 97 percent patient satisfaction. Recommendations for improvement from patients were collected and action taken.

The service assessed patient outcomes visually. If the patient consented photography was used pre- and post-surgery for up to 12 months so that clinical outcomes of the surgery for patients could be monitored and recorded.

Patients received a discharge letter after surgery that they could share with their GP.

Good

Surgery

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 with the right knowledge and skills to meet the needs of patients. Staff also knew when to refer or signpost patients to other clinical staff or services.

A staff induction policy and supporting staff induction handbook were in place. New members of staff received a full induction tailored to their role before they started work. Disclosure and barring service (DBS) checks were in place for each member of staff. Staff received new starter packs and the relevant background and vaccination checks. Clinical staff we spoke with were complimentary about their inductions: they had the opportunity to provide feedback on their induction experience but had made no suggestions for improvement.

Staff had the opportunity to discuss training needs with their manager and were supported to develop their skills and knowledge. Staff told us their manager was supportive of external or wider training opportunities they identified. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. They made sure staff received any specialist training for their role. Each member of staff told us their manager encouraged them to pursue continuous professional development.

Staff were supported to develop through annual appraisals of their work. Staff told us their manager shared feedback received from patients at appraisals and informal monthly meetings which supported the member of staff's goals for the next work period. Each member of staff we spoke with felt informal monthly meetings were helpful in supporting their development.

The consultant surgeon and registered manager was licensed with the General Medical Council (GMC), had a current appraisal, medical revalidation and had undertaken training relevant to his role. He was a member of the European College of Aesthetic Medicine and Surgery, the International Society of Hair Restoration Surgery, the British Association of Hair Restoration Surgery and was an affiliate member of the Royal College of Surgeons.

Multidisciplinary working

Clinical and non-clinical staff worked together as a team to benefit patients. They supported each other to provide effective care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff supported each other to provide positive care outcomes and we found, for example, they worked flexible hours to accommodate the needs of people undergoing surgery.

The service had in place eligibility criteria to ensure it only treated suitable patients. Clinical and non-clinical staff told us there were positive working relationships between each member of the team.

Those responsible for delivering care supported each other to provide positive care outcomes and communicated effectively with other local agencies, for example patients were asked whether they consented for their information to be shared with their GP and we saw evidence of this in patient records.

Seven-day services

Key services were available if required to support timely patient care.

Good

Surgery

Consultant surgeon-led services were not open to patients seven days a week, but patients could contact the service seven days a week for advice and support after their surgery. Patients were discharged with a 24-hour number for the clinic.

Health promotion

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

Patient information about procedures was available on the service's website and in information emailed to patients. Staff gave patients advice in relation to their procedure. Patients were identified who may need extra support for example to cope with long-term conditions. The service was investing in hair follicle analysis equipment to enhance this service.

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 and understood how to support patients with consent decisions.

The service had in place a Mental Capacity Policy which included arrangements for gaining patients consent and awareness of the Deprivation of Liberty safeguards. Each member of staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The surgeon completed consent and Mental Capacity Act assessments at the patient's pre-assessment if required and shared electronically with the patient. Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service complied with the Royal College of Surgeons (RCS) recommended two weeks cooling off period for cosmetic surgical procedures. The patient consented again at their second consultation on the day of their surgery. We reviewed evidence of patient consent in the patient records.

Is the service caring?

Good

We have not rated caring before. We rated it as good.

Compassionate care

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

Staff were very compassionate towards patients. Patients were treated discreetly by staff. They took time to interact with patients in a respectful and considerate way. We observed the patient was made to feel at ease and staff frequently checked they were comfortable. Patients said they were well cared for and staff treated them well and with kindness.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. Staff understood and respected the personal, cultural, social and religious needs of patients and how these related to care needs.

Patients spoke positively about their pre-operative and post-operative experience. They said staff were very professional. Before their surgery the patient was advised what to expect and they found the surgery met their expectations. Patients

we spoke with confirmed treatment options were discussed with them and they were involved in the decision-making process. Staff communicated with the patient during their surgery so that they understood their care and treatment. Post-operative care was support by a care advice document and video calls with the surgeon. Patients told us the surgeon checked their progress with them several times following their surgery.

Emotional support

Staff provided emotional support to patients 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 managed patient's expectations, preferences, and any further questions they had following their consultation. Patients we spoke with confirmed they were offered emotional support but found they did not need it. Staff had referred prospective patients to a previous patient to help familiarise them with the procedure.

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 supported patients who became distressed and helped them maintain their privacy and dignity. Staff answered patients queries and provided reassurance or emotional support for patients. Staff asked anxious patients if they wanted to listen to music or the radio. Patients could be accompanied pre- and post-surgery if they wished. The surgeon gave patients advice and information post-operatively to manage their expectations. The surgeon could refer patients for counselling or psychological support through their GP if needed.

The service had a chaperone policy in line with general medical council (GMC) guidance. Staff could offer this service to patients at their request. Staff said no patients had requested a chaperone in the 12 months before our inspection.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment.

Staff talked with patients in a way they could understand, using communication aids where necessary. Staff made sure patients understood their care and treatment. Patients were provided with the service's 'our range of services' leaflet which outlined the follicular unit extraction treatment and information about the surgeon's background. Patients were given clear preparation instructions and a schedule of what to expect at their appointment.

Patients were given a post-operative booklet containing the information they needed. We reviewed the post-operative instructions shared with the patient and saw these were clear, comprehensive and well-illustrated.

The service supported the patient to arrange transport before the end of their procedure. Each member of clinical staff could complete the patient's post-operative checks and provide advice about care for example dressings and what activities to avoid, including driving or vigorous exercise. If patients enquired about medications, they were referred to the surgeon.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients we spoke with told us they felt fully informed about their treatment plans and arrangements following surgery.

Is the service responsive?

Good

Surgery

Good

We have not rated responsive before. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Services were planned for the clinic in the second week of each month. The clinic provided consultations and elective hair transplant surgery by appointment only. The provider undertook the cosmetic procedure at a date and time suitable for the patient. The clinic provided elective hair transplant procedures to patients aged over 18 years. No procedures conducted involved an overnight stay at the clinic.

Meeting people's individual needs

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

Staff made sure patients received the care necessary to meet their needs. One patient visited the service at a time, which enabled staff to focus on their needs. Staff told us they would endeavour to meet any needs raised by patients. The surgeon would ask patients to see a specialist beforehand if they had heart problems or diabetes to ensure any conditions were controlled during their procedure.

Staff understood and applied the policy for meeting the information and communication needs of patients with a disability or sensory loss. Patients were asked about their mobility and accessibility requirements at pre-assessment. If they were deemed unsuitable to access the clinic, the service supported the patient's expenses for travel to another location. The service maintained an exclusion criteria policy to support patients who were unsuitable for hair transplant treatment and to identify alternatives.

The service ensured patients could access help from interpreters or signers when needed. The service used language line to help patients whose first language was not English. They accepted family members or relatives translating on the patient's behalf and were aware of any potential safeguarding issues. Information leaflets were available in languages spoken by the patients and local community.

Access and flow

People could access the service when they needed it and receive the right care and treatment.

The service received enquiries through its website, social media and recommendations from previous patients. Patients arranged an initial appointment through the website or by telephone. Consultations and procedures were arranged in advance to suit the patient.

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.

Good

Surgery

Patients knew how to complain or raise concerns. A complaints policy was in place which complied with Regulation 16 of the Health and Social Care Act. The policy outlined timescales for handling and investigating complaints. Staff understood the policy on complaints and knew how to handle them. Complaints were acknowledged within two working days and responded to fully and closed them within 20 days. The service had received no complaints at the time of our inspection.

Is the service well-led?

Good

We have not rated well-led before. We rated it as good.

Leadership

Leaders had the 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 competently led by skilled and trained staff. The consultant surgeon was the registered manager of the service and worked closely with the other senior managers. The leadership team understood and managed the priorities and issues the service faced. Staff told us leaders were visible and readily approachable and supported staff in developing their skills. Staff told us each member of staff was comfortable with each other and each knew their role well.

The provider met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role.

Vision and Strategy

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

At inspection we found not all staff were aware of the service's vision, mission statement or values and senior staff agreed this was an area for development. The registered manager stated that the local vision was supported by the provider's overall strategic business plan.

The service had identified the need to develop the clarity of its vision and strategy, for example by including this in staff appraisal and development and including this in longer term plans for the provider, to further improve the experience for patients underpinned by the core values of staff.

Following the inspection, the service shared its business strategy presentation setting out its vision and mission for the service with goals and strategies to achieve these goals.

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 and staff could raise concerns without fear.

Good

Surgery

Culture was very supportive, with any staff concerns easily addressed. Staff told us they felt the service had an open and honest culture where they could raise or report any issues to their line manager or colleagues.

Staff worked closely and supported each other with their emotional needs. Staff felt the service supported their development and celebrated their successes. Staff shared all learning examples and feedback. They told us they enjoyed coming to work and managers were also very supportive and checked in with them to offer help with their development. Staff were granted a day's leave on their birthday and the service offered staff free eye tests and vaccinations as part of their benefits package.

Following the inspection, the service shared its staff handbook which included its disciplinary, capability and grievance policies although we found no disciplinary action had been necessary in the service. The staff handbook also included a whistleblowing policy, but we found the circumstances to use this had not arisen. Staff told us they did not feel they needed a freedom to speak up guardian (FTSUG).

Governance

Managers operated effective governance processes for the service. Each member of staff was clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider's finance, administrative and human resource functions were supported by appropriate governance systems. Staff performance was monitored and managed through regular appraisal. Arrangements with accommodation, financial and marketing partners were supported through formal service level agreements. Arrangements for regular audit were in place to monitor the quality of services. Governance arrangements were accessible to each member of staff in the team.

Managers described the governance arrangements for the service and how the team were supported to deliver quality care. Managers ensured staff attended regular team meetings or had access to full notes when they could not attend. Staff confirmed they attended regular meetings and that they were kept informed of any updates and minutes were shared electronically. Following the inspection, the service shared the minutes of the most recent 2 governance meetings which took place at least quarterly and the minutes of the most recent 3 staff meetings which took place monthly. Governance meetings were attended by an external governance advisor to provide support. A medical advisory committee meeting was held monthly.

Management of risk, 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The registered manager and staff were able to outline the service's top risks. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff undertook health and safety risk assessments and identified risks were added to the clinic risk register. Risks were graded according to severity using a risk scoring system. The register recorded each risk identified with details of mitigation the service had put in place.

The service shared with us a range of risk assessments which it had in place including fire safety, control of substances hazardous to health (COSHH) and its business continuity plan policy setting out actions to take in an emergency, demonstrating the service had plans in place to cope with unexpected events.

Good

Surgery

The service maintained the risk register which they shared with us following the inspection. We found the risk register incorporated risks identified and shared with the service at the inspection, including the health and safety risks posed by the steep staircase and resuscitation trolley stocks for a medical emergency, demonstrating that immediate action had been taken following the inspection.

Information Management

The service collected analysed and managed data to support its activities. Staff could access data they needed, in accessible formats, to support and manage performance.

Staff followed policy to keep patient care and treatment confidential. The service had an information governance and data protection policy in place which included General Data Protection Regulation (GDPR) procedures, setting out how the service upheld confidentiality for patients and protected any individual's data. The policy was supported by staff training. A current Information Commissioner's Office (ICO) data protection officer certificate for the registered manager was in place.

The service used a customer relationship management cloud-based system for patient records, linked to paper-based systems. Photographs of patients' treatment areas were stored electronically. Staff were able to access relevant information through a staff portal app on mobile or other electronic device. Filing cabinets were securely locked and laptops were biometrically tagged. The service used 24-hour CCTV recording for security with a sign informing patients and other visitors.

Engagement

Leaders and staff actively engaged with patients, staff and other groups to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service recorded details of feedback it received from patients with action taken in response and any learning for the service. Patient survey responses were obtained from 87 per cent of patients and indicated an overall level of 97 percent patient satisfaction. Recommendations for improvement from patients were collected and action taken.

Patients were able to engage with the service online and verbally. The service had an easily accessible website where patients were able to leave feedback and contact the service. The service reviewed suggestions from patients to identify areas to change or improve the service.

The service hosted occasional question and answer sessions through a social network where the surgeon responded within a wider forum. At the time of our inspection the service was planning live sessions with prospective patients to address any of their queries or issues. The surgeon was also considering collaboration with surgeons from other hair transplant services.

Each member of staff we spoke with told us managers engaged with them and were very supportive. Staff said they were encouraged to voice their opinions and speak with managers about any concerns. They told us they felt appreciated by their managers and colleagues.

Learning, continuous improvement and innovation

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.

Good

Surgery

We found an open, continuous learning culture in which staff maintained close working relations. Patients and staff could make suggestions for improvement. The service was receptive to the feedback from our inspection and introduced improvements immediately, which we saw reflected in the minutes of the staff meeting held the week of the inspection.

We found staff worked continuously to improve the patient experience. The consultant surgeon contributed to a channel on a global online video sharing platform with post-operative care videos patients and others could view. The service was also developing an e-book with chapters of advice for all hair loss related issues and problems. The service used continuous learning to improve surgical results and the patient recovery time by introducing upgraded equipment to the service to support the accuracy of FUE surgery. The service was developing a smartphone app to monitor patients' post-operative progress remotely.