

Vinci Hair Centre Ltd

# Vinci Hair Centre Ltd

## Inspection report

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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

Our rating of this location was good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of people, took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

However:

- A defibrillator (AED) in the large theatre had not been serviced in accordance with manufacturer's instructions and there was not a system of recorded checks in place for the AED.
- An emergency medicines kit had out of date medicines and there was no system to record checks on emergency medicines.
- The service logged risks to the service on a risk log. However, dates risks were added to the risk log were not recorded. The service did not have a system of removing closed risks from the risk log.
- The service did not have an identified safeguarding lead that all staff were aware of.
- The service did not have a service level agreement in place with a provider of acute emergency services in the event of a deteriorating patient at the centre.
- The service did not have a record of when disposable electrical equipment, that was not subject to electrical safety testing, should be replaced.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	See summary above.

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# Summary of findings

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# Summary of this inspection

## Background to Vinci Hair Centre Ltd

Vinci Hair Centre Ltd is a private international clinic providing hair transplant treatments to adults only. Vinci Hair Centre Limited is located at 130 Harley Street, London, W1G 7JU.

The service opened in 2010. The service provides day case surgical hair transplant procedures to private patients over the age of 18. The method of hair transplant used by the service is follicular unit extraction (FUE), also known as follicular transfer. This is a method of obtaining hair follicles, naturally occurring groups of one to four hairs, for hair transplantation. All procedures were undertaken using local anaesthesia.

The registered manager had been in post since the clinic opened in 2010. The clinic is registered to provide the following regulated activities: Surgical Procedures.

The clinic carried out 545 day case hair transplant procedures in the previous 12 months.

The service employed one centre manager and one administrator. The centre employed three surgeons, two qualified nurses and eight hair technicians.

All patients were self-referrals and privately funded.

The clinic was open Monday to Friday from 8.30am to 4pm. Patients were seen by appointment only. Patients who have had a hair transplant procedure had access to the surgeon via email and a dedicated telephone number which they were given following their procedure.

We previously inspected the service in December 2015. We have not previously rated this service.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was carried out by a CQC inspector. The inspection was overseen by Nicola Wise, Head of Hospital Inspections.

We carried out the unannounced part of the inspection on 14 April 2022 and 20 April 2022. During the inspection, we visited the reception area, waiting area, theatres and consultation room. We spoke with eight staff including surgeons, nurses, hair technicians and the registered manager. We spoke with four patient and reviewed eight sets of patient records. We reviewed four staff personnel files.

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

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust 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.

# Summary of this inspection

## **Action the service MUST take to improve:**

- The service must ensure that emergency equipment is serviced in accordance with manufacturer's instructions and there is a system of recorded checks in place. (Regulation 12 (2) (e))
- The service must ensure that emergency medicines are in date and there is a system of recorded checks on emergency medicines. (Regulation 12 (2) (g))

## **Action the service SHOULD take to improve:**

- The service should ensure the date risks are added to the risk log is recorded.
- The service should ensure there is a system of removing closed risks from the risk log.
- The service should have an identified safeguarding lead, and all staff are aware of the safeguarding lead.
- The service should have a service level agreement in place with a provider of acute emergency services in the event of a deteriorating patient at the centre.
- The service should have a record of when electrical equipment that is not subject to electrical safety testing will be replaced.






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are Surgery safe?

Requires Improvement 

We rated safe as requires improvement because:

### Mandatory training

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

All staff received and kept up to date with their mandatory training. Mandatory training was a requirement for all the centre's staff. This included training modules in: fire safety, infection prevention and control, safeguarding adults, manual handling, and basic life support. We saw there was 100% compliance with all mandatory training modules. However, the provider did not have a training matrix or spreadsheet that recorded when each staff member's training would expire. Training records were kept in individual electronic staff files.

Clinical staff did not complete training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff told us the centre did not provide services for patients where there were concerns about their ability to understand and consent to procedures.

Managers monitored mandatory training and alerted staff when they needed to update their training. The centre manager reviewed staff electronic training records regularly and notified staff when their mandatory training needed to be updated.

### 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.**

All staff received training specific for their role on how to recognise and report abuse. Level 2 safeguarding training was mandatory for all staff. Information provided by the provider confirmed 100% of staff had up to date safeguarding training.

The service did not have a named safeguarding lead with whom staff could liaise in the event of safeguarding concerns. This meant staff may not have known the procedure in the event of a safeguarding concern.



# Surgery

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The centre manager told us staff would report safeguarding concerns to them. The centre manager would contact the local authority safeguarding team if there were concerns regarding a patient.

## 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.**

Ward areas were clean and had suitable furnishings which were clean and well-maintained. General cleaning was provided as part of the provider's tenancy agreement at 130 Harley Street, London, W1G 7JU.

The clinical lead was the lead for infection prevention and control at the centre. Hair transplant procedures did not require staff to use aseptic techniques prior to or following patient contact. However, the service did ensure a clean procedure field, with sterile supplies, and avoidance of direct contamination of materials.

Hair technicians were responsible for cleaning and preparation of surgical theatres and reusable equipment. Equipment was in place for cleaning, decontamination and sterilisation of surgical equipment. There were decontamination protocols and daily cleaning records in place. We saw staff were compliant with the provider's decontamination processes.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We viewed cleaning records for April 2022 and found the records were complete and up to date.

The service performed well for cleanliness. Infection control audits were completed quarterly by the centre manager. We saw a hand hygiene audit which was completed on 14 April 2022, the audit found 100% compliance with hand hygiene. Audit outcomes were signed by all staff to indicate they were aware of the audit outcomes.

Information on the '5 moments of hand hygiene' was displayed in the staff room and in hand washing areas in the centre.

We saw infection control was on the team meeting agenda on 15 February 2022. The meeting minutes recorded that infection control principles had been discussed. This included clinical waste management and control of substances hazardous to health (COSHH). The minutes recorded that a new COSHH poster with information on the symbols relating to hazardous substances was displayed in the staff room.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were bare below the elbows and used PPE. The service had a range of infection prevention and control policies which were available to all staff on the service's intranet.

Staff worked effectively to prevent, identify and treat surgical site infections. The centre had not had any surgical site infection in the 12 months prior to our visit.

The service had a service level agreement with a pathology service, which included microbiology, for the provision of testing and interpretation of results relating to infection prevention and control.

# Surgery

We viewed team meeting minutes dated 15 February 2022, which showed that staff had discussed hand hygiene practice and reminded staff that patients were required to wash their hands on arrival at the centre. Staff were provided with a copy of the provider's hand hygiene policy at the meeting.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment did not always keep people safe.**

Sharps bins were secure, sealed, signed and dated. However, we saw a clinical waste bin in the small theatre on the second floor of the centre, which had a broken lid. We drew this to the attention of staff on 14 April 2022. When we returned to the centre on 20 April 2022 the clinical waste bin had been replaced with a new clinical waste bin.

Staff did not carry out regular safety checks of emergency equipment. We found the defibrillator (AED) in the large theatre on the second had not been serviced in accordance with manufacturer's instructions. The AED servicing date of 1 July 2021 had expired. There was a risk that the AED may not function if required. However, following our visit the centre informed us that a new AED had been purchased for the large theatre and they were awaiting delivery.

We saw that daily checks were completed on medicines fridges and these were up to date. We viewed records for April 2022, these demonstrated that the fridge temperature was within the required temperature range of 2 to 8 degrees, every day in the period.

All electrical equipment had been electrical safety tested by a private contractor in March 2022. However, we saw a nail drill in the large theatre on the second floor that did not have a servicing date or electrical safety test. Staff told us the drills were replaced regularly, as it was cheaper to replace the drills rather than pay for safety testing. However, the service did not have a record of when the drill was due to be replaced.

Staff disposed of clinical waste safely. Clinical and domestic waste was separated and disposed of appropriately. There was a service level agreement in place with a provider to collect clinical waste.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. However, the service did not have a service level agreement with an external provider for patients at risk of deterioration.**

We saw that patient observations were completed pre- and post-operatively. We viewed eight patient records and saw risk assessments were complete and up to date. However, the provider did not have a service level agreement in place with an external provider of emergency care or level 2 high dependency unit (HDU) care, in the event of a patient deteriorating in the centre. Staff told us the centre's procedure was to provide basic life support to the patient and call 999. The procedure was documented in the provider's policy.

Staff completed risk assessments for each patient at first consultation and on arrival for treatment, and reviewed this regularly, including after any incident. All patients undergoing treatment were subject to an initial assessment during their initial consultation. A risk assessment was undertaken on the day of treatment. Patients we spoke with confirmed they had received risk assessments at both consultation and on the day of treatment.

We viewed eight patients' risk assessments and found these were comprehensive and included details of general observations on the day of treatment, medical history, current medicines and any allergies.

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Staff knew how to deal with any specific risk issues. During the initial consultation, patients were provided with written information relating to the risks of hair transplant surgery, including the use of local anaesthetic.

Patients had a surgical preparation to minimise infection risks. Staff used a safer surgical checklist when checking patients in, pre and post operatively. This was based on the five steps to safer surgery checklist from the World Health Organisation (WHO).

All patients were required to complete a medical history form prior to any treatment. If a patient was prescribed anti-depressants, the service would not provide treatment unless they received a letter from the patient's GP confirming that the patient was fit for treatment. The service also required a letter from the patient's GP if the patient had a history of heart problems.

Staff told us they would decline the provision of care or treatment if a patient showed signs of mental ill health or depression; unless the patient agreed to the centre contacting the patient's GP and the GP providing written confirmation that the patient was able to make an informed decision regarding a procedure.

All staff were trained in recognising the risks of body dysmorphia. This is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. Staff told us that since the centre opened in 2010 there had been one patient with a mental health condition. Staff said the service had made the decision not to treat the patient, due to concerns about their ability to understand and consent to the treatment.

Staff shared key information to keep patients safe when handing over their care to others.

Staff told us they always contacted patients' GPs if any concerns about their medical history were identified at the initial consultation. Staff told us they did not treat patients with high blood pressure, unless they received confirmation from the patient's GP that this was under control. Patients with high blood pressure submitted blood pressure readings for the seven days prior to treatment.

The service's policies included up to date policies for the management of Sepsis and Methicillin-resistant Staphylococcus aureus (MRSA), (MRSA is a bacterium that is carried on the skin or nasal lining of up to 30 percent of healthy individuals. However, when skin is damaged the bacterium can cause a range of health problems). Staff told us the service had not had any cases of Sepsis or MRSA in the previous 12 months.

The service did not have shift changes and handovers as all procedures were performed between 9.30am and 4pm.

## Staffing

**The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough clinical and support staff to keep patients safe. The centre was fully staffed for both medical and nursing staff. The centre employed three surgeons, two registered nurses and eight hair technicians. The centre had a policy whereby there had to be a surgeon on-site until all patients had left the premises.

Managers accurately calculated and reviewed the number and staff needed for each shift. All patients were seen on an appointment basis. This enabled managers to arrange adequate staffing for each shift.

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The centre manager conducted a pre-assessment call via telephone. Consultants undertook a full consultation assessment prior to treatment via video link or in person, a minimum of two weeks prior to surgery.

The centre manager could adjust staffing levels daily according to the needs of patients. Staffing needs were based on the number of patients attending appointments. The centre was staffed to provide up to four procedures a day. In April 2022 the centre was completing two to three procedures a day. The centre manager told us the service always over staffed shifts rather than having shifts understaffed.

The service had low vacancy rates and low turnover rates. Three staff had left the service in the previous 12 months, these posts had been successfully recruited to.

The service had low sickness rates. The centre had extra staff that could provide cover in the event of sickness or annual leave.

The service did not use bank and agency staff. The service covered staff absence from their own staff establishment.

Patients had contact details for their consultant and could contact them via email or telephone. Patients told us their consultant was responsive when they contacted them.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used paper-based patient notes, which were scanned onto the patient's electronic record promptly, to ensure staff could access the full patient records for review purposes.

We viewed eight sets of patient records. We found these were comprehensive. The provider's records had prompts which staff must complete. Patient records contained patient details, pre-operative notes, the surgical plan, theatre notes, operation notes which recorded any local anaesthesia that had been given to the patient, extraction notes which recorded where hair was transplanted from, plantation notes which recorded where hair had been transplanted to, and notes on the patient's post-operative care.

Patient notes were peer reviewed by another consultant. All patient notes were signed by a doctor that had not performed the patient's procedure as evidence of peer review.

Records were stored securely on a secure electronic records system and paper records were kept in locked filing cabinets.

## Medicines

**The service did not always use systems and processes to safely prescribe, administer, record and store medicines.**

The service did not have systems and processes to ensure emergency medicines would be administered safely.

We found emergency medicines on top of a cupboard in an emergency medicines bag which were out of date. Out of date medicines included: A packet of 32 dispersible Aspirin 300mg, (expiry date 10/2020); A packet of dispersible Aspirin 300mg,

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(expiry date 01/2019); Chlorophenamine 10mg/1ml (expiry date 02/2020); Atropine sulphate injection 600mg in 1ml (expiry date 11/2020). This meant that the centre did not have a system of regular checks on emergency medicines and equipment. However, following our visit the centre informed us that the medical kit has since been replaced with all new medical stock.

The centre prescribed and dispensed medicines to patients and had a contract with a pharmacy for supply. Patients we spoke with confirmed they had been given clear details on administering their medicines and said they could contact their consultant if they had any queries.

We found prescribed medicines were clearly recorded in the eight patient notes we reviewed. We saw patients notes recorded medicines batch numbers and the expiry date of medicines that had been administered to patients. This ensured an audit trail was in place in case of adverse drug reaction or a subsequent patient safety alert.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Patients were prescribed a supply of seven days pain relief and a seven-day supply of prophylactic antibiotics following their procedure.

Staff completed medicines records accurately and kept them up-to-date. All patient medicines records were clear and up to date.

With the exception of emergency medicines, staff stored and managed all medicines and prescribing documents safely. The service kept one schedule four controlled drug. This was kept in a locked cupboard. The senior nurse on duty held the keys. The service had an up to date controlled drugs register, this was signed by two members of staff.

The provider had a medicines policy which had been reviewed in March 2022.

## 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.**

Staff knew what incidents to report and how to report them. The service used an incident book to record incidents. Staff told us there were very few incidents at the centre. In the 12 months prior to January 2022 there had been five incidents. These incidents all involved needlestick injuries to staff. There had been no incidents in the period that involved patients or resulted in harm to patients. All staff received one to one corrective training following the needlestick injuries.

Any incidents involving patients would be recorded in the patient's notes. The centre manager had a daily end of the day meeting with staff and discussed actions to prevent any repeats of the incident. Quarterly team meetings shared learning from the investigation of incidents.

Staff raised concerns and reported incidents and near misses in line with provider's policy. All incidents were reviewed by the centre manager and clinical lead. All incidents were also reported and reviewed by the chief executive officer (CEO), who was the registered manager and the operations director to monitor themes and trends. Staff told us there were very few incidents at the centre. Staff told us the centre always took immediate action in the event of an incident.

We saw two sets of quarterly team meeting minutes dated November 2021 and February 2022. These minutes recorded that incidents were regular agenda items and were discussed at team meetings.

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The service had not had a never event since opening in 2010. The centre had not had any serious incidents in the previous 12 months.

Staff understood the duty of candour. Staff informed us the centre was open and transparent and gave patients a full explanation if things went wrong. We saw information on the duty of candour was available in the centre's office and staff room. Staff we asked about the duty of candour were able to explain the principles of the duty of candour as openness and honesty.

## Are Surgery effective?

Good 

We rated effective as good because:

### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had a set of policies which were regularly reviewed. The provider's policies framework was based on the Health and Social Care Act 2008 (Regulated Activities) 2014. All staff were provided with a link via email to the provider's policies. Policies were based on guidance from the Royal College of Surgeons Professional Standards for Cosmetic Surgery 2016.

We reviewed the provider's full set of policies, which were kept in a document called 'The fundamental standards', version 4, reviewed in March 2022. Policies included the maintenance of premises; medicines; infection prevention and control; control and prevention of COVID-19; policy for needlestick injuries; and a policy for remote consultation and prescribing.

### Nutrition and hydration

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

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patients were provided with water and decaffeinated tea and coffee upon request during their visit to the centre. The centre provided patients with a lunch during their visit. Patients we spoke with confirmed their dietary needs and preferences were discussed during their pre-operative assessment. Patients told us food they received on the day of their procedure was edible and reflected their preferences.

Patients were given advice during their consultation about requirements to be suitably hydrated prior to admission for their procedure.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They used a suitable assessment tool and gave additional pain relief to ease pain.**

# Surgery

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. All procedures were performed under local anaesthetic. Patients we spoke with told us they were regularly asked whether they were experiencing any pain by the consultant during their procedure.

Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately. All pain relief administered during procedures was recorded in the patient's theatre notes. Theatre notes were peer reviewed by a consultant that had not provided the patient's procedure, to ensure any issues regarding patient's procedures were identified early, this included the administration of pain relief.

## Patient outcomes

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

The service was an independent centre for hair transplant and did not participate in national clinical audits.

Outcomes for patients were positive, consistent and met expectations. Staff regularly reviewed patients including post procedure photographs at intervals. Staff said they could not identify any patient where the outcome was not what they expected, as staff managed patients' expectations.

We spoke with four patients who all told us they had been informed by the centre of what outcomes they could expect from their hair transplant.

Patients completed a patient satisfaction questionnaire on the day of their procedure. Staff told us most patients were happy to provide feedback following their procedure. Further patient satisfaction questionnaires were completed at 10 weeks, six months and 12 months post procedure.

Managers and staff used the results to improve patients' outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The outcomes of patient's treatment were reviewed by the patient's consultant surgeon on the day following the patient's procedure, and at intervals up to twelve months. Patients we spoke with confirmed they had received reviews of their procedures and had discussed the outcomes of their hair transplants during reviews.

Managers used information from the audits to improve care and treatment. The centre manager reviewed patient feedback questionnaires monthly and produced a report. The report was submitted to the chief executive officer (CEO) and operational director for monitoring purposes.

Managers shared and made sure staff understood information from the audits. Clinical audits were completed on a three-monthly cycle. Outcomes from audits were shared with staff at team meetings and reviewed at quarterly governance meetings.

## 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.**

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Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Members of the leadership team engaged regularly with other professionals in the hair transplant field to ensure their knowledge and skills remained current in their specialist area.

All hair technicians were experienced. The service only employed hair technicians with previous experience of extraction, cleaning and implanting. The centre manager said the service had a period where they employed inexperienced staff. But, had changed their recruitment and only recruited staff with previous experience in the field of hair transplant.

All staff, including surgeons, were directly employed by the provider. All surgeons were registered with the General Medical Council (GMC). Surgeons did not require practising privileges as the clinic was their main place of work. The service had a service level agreement with a private Responsible Officer (RO) service. The RO provided support with staff medical revalidation under the Medical Profession (Responsible Officer) Regulations 2010.

Managers gave all new staff a full induction tailored to their role before they started work. We viewed four staff members induction records and found induction checklists were complete and dated.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had annual appraisals. The centre manager appraised nursing and hair technician staff. The registered manager appraised the centre manager. The senior surgeon appraised the centre's surgeons. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw evidence of annual appraisals and developmental meetings in the staff files we viewed.

The clinical educators supported the learning and development needs of staff. The provider had an academy. Surgeons told us they received opportunities to develop their skills and knowledge via the provider's academy.

Staff told us the senior surgeon was the lead for clinical supervision. Staff told us clinical supervision was meaningful and helped them to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were minuted and shared with staff by being placed in folders in the staff room. The centre manager said this encouraged staff to read the minutes during breaks. Staff receive an email prompt when new meeting minutes were added to the folder.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were actively encouraged to complete further training via the provider's training academy.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff who performed the hair transplant procedure were compliant with the recommendations of the Royal College of Surgeons and the Cosmetic Practice Standards Authority. Staff were supported with their revalidation of their professional registrations.

Managers made sure staff received any specialist training for their role. All staff had a three-year plan of training with the provider's training academy. Staff were assessed at three monthly intervals in accordance with their training plan.

We reviewed four staff personal files. We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service also had an in-date recruitment policy to provide managers with guidance on the requirements.



# Surgery

Managers identified poor staff performance promptly and supported staff to improve. However, the centre manager told us this had never been required since the clinic's opening in 2010.

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. All team meetings at the centre were multidisciplinary and included surgeons, nursing and health technician staff.

Staff worked across health care disciplines and with other agencies when required to care for patients. Patients' GP details were requested at initial consultation. Staff told us they would only contact a patient's GP where the patient had signed an authorisation for the centre to do this. Where patients agreed for their GP to be contacted, the patient's GP would be fully informed about the patient's care and treatment. Staff told us most patients wished their treatment to remain confidential.

## Seven-day services

The service routinely opened from 9am until 4pm Monday to Friday. However, staff told us the times were flexible to meet patient needs.

There was a 24-hour telephone service available to patients who had undergone a procedure. All patients were given this number after the procedure had finished. The telephone service was staffed by clinical staff on rotation.

## Health promotion

**Staff gave patients practical support and advice to support their hair transplant.**

The service had information promoting healthy lifestyles appropriate to hair transplant procedures. The information given by staff was to ensure patients had the best opportunity to achieve a successful hair transplant outcome.

Staff assessed each patient's health and provided support for any individual needs to promote a successful hair transplant. Patients with specific health needs, such as high blood pressure, would require additional tests by their GP to ensure they were fit for hair transplant procedures.

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

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us it was rare for a patient who lacked capacity to contact the centre. The centre would not provide a service to patients where there were concerns about their capacity to consent.

Patients were required to give written consent prior to procedures, or where there were significant risks of side effects, or for procedures requiring local anaesthetic. All the patients we spoke with said they had been asked for verbal consent and written consent at both the initial consultation and on the day of their procedure.

## Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff at the centre complied with the Royal College of Surgeons (RCS) 'Professional Standards for Cosmetic Surgery' by ensuring there was a minimum of two weeks between initial consultation and the patients hair transplant procedure. We saw documented consent forms and patients we spoke with confirmed they had been given a minimum of two weeks 'cooling off' period.

Staff made sure patients consented to treatment based on all the information available. Staff told us in the event of contraindications, (this is a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person), the patient's consultation would be cancelled. Staff told us the patient would be provided with a full explanation and this would be recorded in the patient's electronic patient record.

Staff clearly recorded consent in the patients' records. Staff told us they had never and would not provide care and treatment to a patient who was deprived of their liberty, or who they thought required deprivation of liberty safeguards.

### Are Surgery caring?

Good 

We rated caring as good because:

#### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with four patients and reviewed 12 patient feedback forms. All the feedback from patients was consistently positive. Patients used terms such as: "professional people"; "respectful"; "really good staff", to describe their experiences at the centre. Patients we spoke with told us they would recommend the service to their friends and family

Patients said staff treated them well and with kindness. Patients used terms such as: "kind and caring", to describe the attitude of staff to them.

Staff followed policy to keep patient care and treatment confidential. Staff told us patient care and treatment was treated with confidentiality. Staff told us many patients attended the clinic in a state of embarrassment due to the impact their hair loss had on their confidence. Staff said confidentiality was very important to patients, and the centre would not disclose details of their procedures without patient consent. However, staff said if they had concerns a patient was a risk to self or others, they would contact the patient's GP or safeguarding authorities without the patient's consent.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients were asked about their needs at the initial consultation. Staff said this mainly related to food preferences. Patients we spoke with confirmed their personal, cultural, social and religious needs had been catered for and respected by staff.

#### Emotional support

**Staff provided emotional support to patients. They understood patients' personal, cultural and religious needs.**

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Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us staff were emotionally supportive and were responsive to requests for advice.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients told us staff were supportive and aware that patients may be nervous about their procedure. We saw staff supporting a patient in an emotionally supportive way during a procedure. Staff checked on how the patient was feeling and offered reassurance.

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. The service provided chaperones to patients who requested one. The service had an in-date policy on the use of chaperones at the centre.

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

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

Staff made sure patients and those close to them understood their care and treatment. Staff encouraged patients to ask any questions about their procedures. All patients we spoke with told us they had received a patient guide at their consultation. All patients told us they had received information on self-care following their procedure. Patients told us they understood the information they received.

Patients were provided with written confirmation of the treatment proposed and full costs of treatment. Patients we spoke with confirmed they had received written confirmation and that it was clear.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients were asked to complete a patient satisfaction questionnaire following their procedure. The centre's manager compiled a report on a monthly basis of feedback received from patients and sent this to the chief executive officer (CEO) and operations director.

## Are Surgery responsive?

We rated responsive as good because:

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

#### The service planned and provided care in a way that met the needs of the specific population it served.

Managers planned and organised services, so they met the needs of the local population. The service provided procedures for patients from both the UK and international patients.

The centre offered patients a range of non-surgical procedures as not all patients would require hair transplant procedures. The centre's non-surgical treatments were not regulated by the CQC and are not reported on in this report.

Facilities and premises were appropriate for the services being delivered. The centre was based in a shared building at 130 Harley Street, London, W1G 7JU. The centre had two theatres based in the basement of the building and two theatres

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on the second floor. There were consultation rooms on the ground and second floor. The service also had recovery rooms in the basement and on the second floor. Staff explained that during a medical emergency ambulance staff would negotiate the stairs to the basement and the second floor theatres. Staff said they had never had a medical emergency since they opened in 2010.

Patients had access to a receptionist and waiting area on the ground floor. The reception staff were employed by the owners of the building and provided as part of the centre's lease agreement. Reception staff took the patients name and informed the service of their arrival.

The centre's treatment areas were in the basement and on the second floor of the building. The building did not have a lift. Staff told us patient mobility was discussed at the initial consultation and patients were informed of the location of the theatres.

The centre manager told us although the service did not have a service level agreement for the provision of level 2 high dependency unit (HDU) advice, they had a surgeon that worked with a local private hospital and they could contact them for advice and could transfer patients to the hospital. However, there was no formal arrangement or service level agreement in place for advice and transfers. Managers said they had never had a medical emergency at the centre.

Managers monitored and took action to minimise missed appointments. Patients received a telephone call prior to their appointment to confirm details. Managers told us it was very rare that appointments would be cancelled. The centre only cancelled appointments if the patient was unwell on the day of their procedure. In this case, staff would rearrange an appointment at the patient's convenience.

All patients attending the centre were day care patients. This meant they received all their care and treatment in one day. The centre did not have facilities for inpatients.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. However, the environment was unsuitable for people with mobility needs. Services were not designed to meet the needs of people living with dementia.**

All staff at the service ensured they understood the needs of each patient to enable them to offer the best treatment options to them.

The centre's services were not designed to meet the needs of patients living with dementia. Staff told us they would not provide services for people they thought lacked the capacity to fully understand the service being provided. People were given written confirmation of service provision prior to the centre providing services.

Surgical theatres were on the second floor and basement of the building. Staff explained accessibility restrictions to patients prior to them agreeing any care or treatment.

The service had information leaflets available in languages spoken by the patients and local community. The service could provide all their printed information in a range of languages. The service had several international staff that could act as interpreters. However, staff told us if external interpreters were required by patients, this could be facilitated by the centre, but the patient would pay for the cost of this service.

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Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients received a pre-operative call to discuss their needs on the day of their treatment. During this call patients were asked about food and drink preferences. Patients we spoke with told us they had received a pre-operative call and they had been asked about food and drink preferences and dietary requirements on the day of their treatment.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff told us if patients required a sign language interpreter the centre could provide this. However, patients would be required to pay the cost of this service. Staff told us patients would be informed of any additional costs prior to receiving any treatment from the service.

The centre had recently introduced televisions in the clinical rooms, as patients were not allowed to take mobile phones or tablet computers into the clinical areas. Staff told us this was in response to patients' feedback on having something to occupy them during procedures. Patients could choose what they wanted to watch or could listen to music of their choice.

Patients were provided with clean clinical clothing (scrubs) and a private space to change into scrubs prior to their procedure.

## Access and flow

### **People could access the service when they needed it and received the right care promptly.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Patients had a two-week cooling off period following their initial written agreement to receive a service. Patients were usually seen within four weeks of initial contact with the service. However, staff told us they worked with patients to find an appointment time that was suitable for them.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients were required to remain at the clinic following their treatment, in the recovery rooms, for monitoring following their procedure. Staff only discharged patients when their general observations, including blood pressure, were within a normal range.

Managers made sure they had arrangements for surgical staff to review any surgical patients. Patients were reviewed post-operatively by the consultant surgeon that had completed their treatment. Patients were provided with their consultant's contact details should they have any concerns following their procedure. Patients were contacted by their consultant surgeon on the day following their procedure. Patients were again reviewed by their consultant surgeon at intervals up to twelve months.

Managers worked to keep the number of cancelled appointments and operations to a minimum. Staff told us the centre had staff that could provide staffing cover in the event of staffing shortages. This meant appointments and operations were seldomly cancelled. Staff told us it was their policy not to cancel patients' appointments or procedures. However, staff said they had cancelled appointments during the COVID-19 pandemic due to COVID-19 restrictions.

Managers and staff worked to make sure that they started discharge planning as early as possible. Patients discharge planning commenced as soon as the patient's written agreement to treatment was received.

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Staff planned patients' discharge carefully including reviews. Patients would only be allowed to leave the centre following their post-operative checks. If a patient wished to leave the centre against their consultant's advice, they were required to sign a disclaimer. However, staff said this was rare. All patients were provided with a pack on discharge and advice on self-care. All patients were contacted the day following their procedure for a first review to discuss their procedure and any concerns the patient may have.

Staff supported patients when they were referred between services. Staff told us they would always inform patients GPs if there were concerns about them post-operatively. Patients were provided with post-care information, antibiotics and pain relief upon discharge. This was recorded in their patient notes. Patients we spoke with all confirmed they had received advice on self-care of the treated area, pain relief and antibiotics, as well as advice on the amount to be taken and frequency of medicines.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The centre manager dealt with any complaints at the centre. If complaints could not be resolved immediately on-site, or if the patient wished to make a formal complaint, the formal complaint would be sent to the provider's head office. The centre had not received any formal complaints relating to hair transplant in the previous 12 months.

The service clearly displayed information about how to raise a concern in patient areas.

Patients were provided with information on how to raise a complaint as part of their terms and conditions at their initial consultation.

Staff understood the policy on complaints and knew how to handle them. Staff were able to tell us about the centre's three stage complaints procedure. Complaints would be managed by the centre manager. The provider had an up to date complaints policy and staff were aware of the provider's complaints procedure.

Managers investigated complaints and identified themes. The provider's operational director at the provider's head office monitored complaints for themes and trends. Staff told us most complaints related to managing people's expectations on the outcomes of hair transplant. Staff told us expected outcomes were explained to patients prior to surgical procedures. Patients we spoke with confirmed that expected outcomes had been explained to them prior to entering into any contractual agreements with the centre.

Patients received feedback from managers after the investigation into their complaint. Staff told us the provider always acknowledged formal complaints in writing. Staff told us they always received feedback from the operational director on the outcome of complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was shared at quarterly team meetings.

## Are Surgery well-led?

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We rated well-led as good because:

## 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.**

The chief executive officer (CEO) resided overseas. The CEO was the centre's registered manager and nominated individual. Staff told us the provider had clinics across the world. However, the CEO visited the centre on a six weekly basis and spoke with the centre manager and staff at the centre via video conferencing daily. Staff told us the CEO was always available on video link if they had anything they wished to discuss.

The senior leadership team was comprised of: CEO; operational director; human resources (HR) and finance director; and the centre manager. The CEO was a hair transplant surgeon and was responsible for clinical oversight of the centre's clinical lead. The centre's clinical lead was the senior surgeon. The senior surgeon had a specific interest in day surgery, their responsibilities included the development of local policies, guidelines and clinical governance. Staff told us the senior surgeon was readily available on-site and offered day to day support and clinical supervision to clinical staff. The service had a service level agreement with a private provider of responsible officer (RO) services.

The clinical lead was supported by the centre manager. The centre manager had responsibility for the day-to-day running of the non-clinical service. Staff told us the centre manager was visible and approachable.

Staff told us leaders had a genuine interest in staff development. Staff were able to access a range of training via the provider's academy to enable them to develop their skills and progress in their roles.

Staff we spoke with told us leaders were supportive. The centre manager collected patient feedback and acted on anything they could improve. We found the provider to be responsive with any issues the CQC raised and took immediate improvement actions.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them.**

The service had a mission statement, this was: 'Our service consists of dedicated and professional practitioners and staff. We strive to be acknowledged by our patients, suppliers and regulators as the leader in our sector. This will be achieved by ensuring we recruit and train highly professional staff whose ambitions are to exceed patient expectations.'

Staff told us the provider's vision was centred on achieving the best possible outcomes for patients and this was emphasised during team meetings.

The provider had a business plan which provided staff with a realistic strategy for achieving the centre's vision. The provider's business plan was aligned to the CQC key lines of enquiry (KLOE) and how the provider would meet the KLOE.

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Progress towards the aims and objectives was measured through regular audits. The strategy was monitored by the CEO and director of operations. For example, the provider's strategy stated the strategy was aligned to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The strategy stated the vision of the service as, "to meet the required standards to ensure our patients receive the highest standards of care."

## Culture

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

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

Every member of staff had completed training in equality and diversity. The centre had a diverse staff group. Staff told us the centre team were supportive and worked well together.

The culture of the service was one of transparency and honesty. The managers told us they reviewed patients' needs and provided them with honest and accurate assessments and recommendations, which included at times, not to progress with surgery.

The service did not have a staff survey to seek feedback from staff. However, staff told us there was an open culture as the centre and they felt able to raise concerns with managers or the CEO.

## Governance

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

The service had an in-date clinical governance policy which provided a clear structure for governance processes. There was a quarterly board meeting where clinical and non-clinical governance was discussed. In addition to this, there were daily and monthly team meetings which fed into the board meetings. These meetings were minuted, and we saw evidence of this.

The service had in-date policies that provided guidance for staff, these were updated by the managers and reviewed during clinical governance meetings. However, we noted that the provider's policies. 'the fundamental standards' had a policy on termination of pregnancy, which was not a service the centre provided.

## 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.**

During our inspection, we reviewed the local risk log. The risks on the log were the responsibility of the centre manager. This recorded risks at the centre and was the central register of risks. Risks had a probability score of either 'low, medium, high'. This indicated the likelihood of a risk and actions the centre had taken to mitigate risks. For example, locks on the centre's office was an identified risk. The risk log recorded that the risk had been addressed on 22 March 2022. However, the risk log was paper based, and risks could not be removed once the risk had been addressed. Furthermore, the risk log did not have a column to record the date risks had been added to the log. This meant the provider could not monitor how long risks had been open on the risk register.



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The service had an audit programme to ensure performance was constantly reviewed and improvements to the care and treatment of patients could be implemented.

The service had a health and safety policy which contained the procedures for staff to follow in the case of unexpected events. The centre also had an up to date fire risk assessment. Staff told us the centre conducted regular fire evacuation drills, these were instigated by the owners of the building.

## Information Management

**The service collected reliable information and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.**

The service had introduced an electronic patient records system for the storage of patient records. The system was used to store photographs of patients' procedures and consent forms. The service used paper consultation forms which were kept in locked cabinets to address the risk of unauthorised access. Patients paper-based notes were scanned into the patients' electronic record to ensure staff had timely access to patient information for review purposes.

All patient records had clinical codes to capture, record, and share clinical data with other healthcare organizations if required. This was a widely used international system of systematically organized computer-processable collection of medical terms providing codes, terms, synonyms and definitions in clinical documentation and reporting.

The centre had a service level agreement with a private provider for archiving and a destruction timetable of paper-based records.

The service had not sent any notification to the CQC in the previous 12 months, as they had not had any episodes which required CQC notification.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff**

The centre held regular daily team meetings, which included team briefs that discussed the day's work and any learning from the previous day's work. The centre also had monthly minuted team meetings to engage with staff. Staff told us they received regular emails, text messages and calls from the managers of the service to provide information and advice.

Patients we spoke with told us they could directly email or call the consultant that undertook their procedures. Patients said consultants always responded to emails and telephone calls in a timely way.

The service had an easily accessible website where patients were able to leave feedback and contact the service. Patients were able to engage with the service online via the website.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

The provider Vinci Hair is an international company. The provider had an academy. The academy provided hands on training in hair transplantation techniques for nurses, doctors and surgeons. Staff told us they had benefitted from training provided by the provider's academy. The training included a range of modules including: entry level hair technician for nurses. Hair transplant training was provided at one of the provider's international locations.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (2) (g) the proper and safe management of medicines</p> <ul style="list-style-type: none"><li>• We found out of date emergency medicines in an emergency medicines bag in the large theatre on the second floor. (Regulation 12 (2) (g))</li><li>• We found out of date blood glucose test strips stored with the AED, these had an expiry date of November 2021. (Regulation 12 (2) (g))</li></ul> <p>Regulation 12 (2) (e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;</p> <ul style="list-style-type: none"><li>• We found a defibrillator (AED) which had not been serviced in accordance with the scheduled servicing date of 21 July 2021. (Regulation 12 (2) (e))</li></ul>