Baruch Hair Transplant Centre Limited

Quality Report

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

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

Overall summary

Baruch Hair Transplant Limited is operated by Baruch Hair Transplant Limited. Facilities include a hair transplant treatment room, a recovery area and a consultation room. The service has no overnight beds.

The service provides surgical hair transplant procedures only. There are two methods of hair transplantation: follicular unit transplant and follicular unit extraction. The service only provided follicular unit extraction. In follicular unit extraction individual follicles are extracted and then implanted into small excisions in the patient's scalp.

We found a number of areas of concern during our inspection on the 27 June 2019; however, the immediate risk to patients was low due to the number of procedures

Summary of findings

undertaken by the service. Immediately following the inspection, we requested evidence from the provider under section 64 and section 65 of the Care Standards Act for further assurance of the safety of patients using the service. We also requested the provider to inform us in advance of any planned regulated activity. The provider agreed to do this.

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection on 27 June 2019.

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

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

Services we rate

We had not rated this service before and at this inspection, we rated it as **inadequate** because:

- We were not assured all staff had undertaken mandatory training.
- We were not assured all staff had undertaken safeguarding training.
- We did not see evidence of audits in place.
- There was no policy or procedure for managing the deteriorating patient.
- There were limited processes in place to manage patient safety incidents if they occurred.
- There were no systems to ensure learning from incidents or patient safety alerts would be effectively shared with staff.
- There was no evidence the service used any national guidance for cosmetic surgery.
- The service did not follow guidance for consent.
- The service did not provide additional support for individuals with physical disabilities or mental health issues. Although we did not request the exclusion/ inclusion criteria, this was not seen on inspection or referred to by the registered manager.
- The service held no staff meetings and there was no evidence of staff involvement in running the service.
- Leaders did not understand the challenges of maintaining and improving quality.
- There were no systems to improve service quality and safeguard high standards of care.
- There were no systems to identify risks and plans to eliminate or reduce risks.

However:

- Staffing levels were safe
- Staff were caring and patient's privacy and dignity was respected

Following this inspection, we told the provider that regulations had been breached and the service needed to improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Inadequate** 	Surgery was the only activity of the service. We rated this service as inadequate because of concerns we identified about the service in the domains of safe, effective, responsive or well-led, however we found the service to be caring.

Summary of findings

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Inadequate

Baruch Hair Transplant Centre Limited

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Surgery

Summary of this inspection

Background to Baruch Hair Transplant Centre Limited

The service is a private clinic providing hair transplants and hair solutions to the general public situated in Leeds. Although it serves the population of Leeds, patients travel from across the country for treatment.

The service is registered to provide the following regulated activities:

- Surgical procedures

There has been a registered manager in place since the clinic opened in 2016.

We had not inspected the clinic before.

Our inspection team

The team included a Care Quality Commission (CQC) lead inspector and two supporting CQC inspectors. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Baruch Hair Transplant Centre Limited

The service provides surgical hair transplants. From 1 June 2018 to 1 June 2019, the clinic treated six patients.

During the inspection, we visited the clinic and spoke with four members of staff, including the registered manager. Three of the staff were not employed permanently by the service but were called upon as required when there was patient treatment including one surgeon and two hair technicians. We reviewed seven patient records and spoke with five patients.

All procedures were undertaken using local anaesthesia.

Track record on safety:

• The service had not reported any never events.

• The service had not reported any clinical incidents.

• The service had not reported any serious injuries.

• The service had not reported any complaints.

Infection control: There were no reported incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA). There were no reported incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA). There were no reported incidences of hospital acquired Clostridium difficile (c.diff).There were no reported incidences of hospital acquired Escherichia coli (E-Coli).

Services provided under service level agreement:

• Clinical and or non-clinical waste removal.

• Maintenance of electrical equipment.

• Building maintenance.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The location had not been previously inspected. We rated safe as Inadequate because:

- Safety systems, processes and standard operating procedures were not fit for purpose.
- There was no policy or procedure for managing the deteriorating patient.
- We were not assured all staff had undertaken safeguarding training.
- Opportunities to prevent or minimise harm were missed.
- There was no evidence of audits for hand hygiene.
- The service did not use the World Health Organisation (WHO) check list. During our inspection, the surgeon we spoke with was unaware of the WHO standards and guidance.
- Safety was not a sufficient priority. There was limited measurement and monitoring of safety performance.
- There were limited processes in place to manage patient safety incidents if they occurred. There were no systems to ensure learning from incidents or patient safety alerts would be effectively shared with staff.

We found the following areas of good practice:

- Staffing levels were safe.
- We found the environment was visibly clean, and systems and processes were in place to control infection and promote hygiene.

Are services effective?

Inadequate

The location had not been previously inspected. We rated effective as **Inadequate** because:

- There were no audits in place to ensure the provider was assured that policies and procedures were being followed and were effective.
- People's care and treatment did not reflect current evidence-based guidance, standards or practice.
- There was no monitoring or auditing of patient outcomes. Patients were asked to book a follow up appointment; however, there was no evidence to support what that meant in terms of monitoring patient outcomes.
- The service was not following national guidance for patient consent.

We found the following areas of good practice:

Summary of this inspection

- Staff monitored patients' pain and responded appropriately.
- Staff ensured patients received adequate refreshments.

Are services caring?

Good

The location had not been previously inspected. We rated caring as **Good** because:

- Staff were caring, and patients' privacy and dignity was respected.
- Feedback received from patients we spoke with was consistently positive about the care they had received.

Are services responsive?

Requires improvement

The location had not been previously inspected. We rated responsive as **Requires improvement** because:

- Reasonable adjustments were not always made.
- The service did not provide additional support for individuals with physical or mental disabilities.
- There was no support for individuals who did not speak English as a first language.

We found the following areas of good practice:

- Surgery was booked to meet the needs of the patient.
- There were no complaints made regarding this location.

Are services well-led?

Inadequate

The location had not been previously inspected. We rated well-led as **Inadequate** because:

- There was no robust vision or strategy for the service.
- The service held no meetings for staff and there was no evidence of staff involvement.
- There were no processes to review key items such as strategy, values, objectives, plans or governance framework.
- The arrangements for governance and performance management were limited.
- There was no formal engagement with staff or patients.
- There was a lack of systematic performance management of individual staff.

We found the following areas of good practice:

- Staff told us the registered manager was visible and available when needed.
- Staff stated they felt supported.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inadequate	Inadequate	Good	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Inadequate	Good	Requires improvement	Inadequate	Inadequate

Inadequate

Surgery

Safe	Inadequate
Effective	Inadequate
Caring	Good
Responsive	Requires improvement
Well-led	Inadequate

Are surgery services safe?

Inadequate

The location had not been previously inspected. We rated safe as **inadequate.**

Mandatory training

The service did not provide mandatory training in key skills to all staff and did not make sure everyone completed it.

- The surgeons and hair technicians were not employed by the clinic but were expected to complete mandatory training to enable them to work there. We were told mandatory training only included life support training and no other modules.
- During the inspection we were not provided with evidence all staff had undertaken training and we saw staff records were not up to date.
- Following the inspection, the service provided evidence that all clinical staff had completed either advance or basic life support.
- The service did not provide any evidence that the registered manager had completed any mandatory training.
- During the inspection and following the inspection we asked for evidence that the service monitored mandatory training compliance, this was not provided.

Safeguarding

Staff did not show an understanding of how to protect patients from abuse. Staff did not have training on how to recognise and report abuse.

- We spoke with staff who were not aware of how to recognise a safeguarding concern and could not describe the escalation process. None of the staff we spoke with had made a safeguarding referral so could not give any examples from practice.
- During the inspection and following the inspection we asked for evidence of safeguarding training for all staff including the registered manager, the service was unable to provide this. This was not in line with the intercollegiate documents 'Adult Safeguarding: Roles and Competencies for Healthcare Staff', published in August 2018. However, following the inspection, the provider provided evidence that most staff had up to date training for safeguarding level 2 for adults and children.
- The safeguarding lead for the service was the designated registered manager
- The safeguarding policy was not being followed. For instance, the safeguarding lead, identified as the registered manager, had not undertaken adult safeguarding training level two in line with policy.

However:

- The service had a safeguarding policy which was in date.

Cleanliness, infection control and hygiene

The service did not use a systematic approach to identify and prevent surgical site infections.

- The registered manager did not have effective systems in place to show how they met the requirements of the Health and Social Care Act 2008; code of practice on the prevention and control of infections to ensure that patients are protected from the risk of infection.
- We found the environment was visibly clean, and systems and processes were in place to control infection and promote hygiene.
- Within the clinic area we found equipment was visibly clean and sharps' disposal bins were stored correctly and labelled.
- The clinical room was locked at all times with a digital lock.
- Non-contracted staff provided evidence of their hepatitis B and human immunodeficiency virus (HIV) status, the service could not provide evidence that all staff had been immunised appropriately during the inspection, however following the inspection, the service provided evidence.
- The hair transplant procedure was a clean procedure which did not require use of aseptic technique. We observed staff using personal protective equipment (PPE) when required, and they adhered to 'bare below the elbows' guidance. Staff used appropriate hand decontamination techniques before and after patient contact.
- The technicians were responsible for cleaning and preparation of the clinical room. The registered manager cleaned the clinical room following procedures and told us the room was deep cleaned by an external company every two months. We did not see documented evidence of this during inspection.
- Equipment was stored within the treatment room in lockable cupboards. We saw evidence of stock rotation and the registered manager had a process in place for the management of stock control.
- During the inspection and following the inspection we asked for evidence that infection prevention and control (IPC) audits, such as hand hygiene audits, had been undertaken. The service did not provide this.
- We were told the service did not monitor patient outcomes in relation to infection.
- We saw the service had an up to date infection control policy in place.
- During the inspection we found the service did not require staff to complete any infection control training. However, following the inspection, the service provided evidence all clinical staff had subsequently received infection control training.

Environment and equipment

The registered manager did not ensure there was suitable equipment available for the delivery of the service. Clinical waste was not managed appropriately.

- During our inspection, we saw no evidence of equipment checks for portable appliance testing. This meant that staff could be using equipment without knowing if they were safe to use. We raised our concern with the registered manager who was unable to provide evidence of testing at the time. After our inspection, we received evidence that demonstrated that portable appliances had been tested. However, we were not assured there was a clear process for ensuring that equipment was effectively maintained on an on-going basis' or something like that.
- Staff told us that the extendable light arm was not in use as it did not work. As an alternative the team had access to two standalone lights for treatment use.
- We observed electric wires running under the treatment couch which were a potential trip hazard. Staff told us they had concerns regarding this and had discussed them with the registered manager. There was a rubber mat which covered some of the wires.
- We did not see a wall-mounted clock in the treatment room, which was not in line with the Department of Health building note recommendations.
- We did not see evidence of appropriate ventilation in the treatment room, however the room did have windows that opened with privacy blinds.
- The treatment room had wheeled stainless steel trollies which could be easily decontaminated.
- Waste was separated and disposed of. There was a service level agreement in place with a provider to collect clinical waste. The clinical waste was disposed of in suitable bins which were stored outside the property.

The locked bins were stored in a gated compound; however, this was not locked at the time of the inspection which meant that unauthorised personal had access to potentially hazardous waste. The registered manager was aware of this.

- We saw evidence of public liability insurance which was in date.

Assessing and responding to patient risk

There was limited evidence that the service had processes to assess and respond to patient risk.

- Pre-operative assessments took place at least two weeks prior to the planned date of surgery. There were no written criteria for determining the eligibility of patients.
- The registered manager informed us patients of any gender would be treated, providing they were over 29 years old and had Hepatitis B clearance; however, staff informed us that they were aware of patients being treated who were younger than the specified age, and we found no evidence of Hepatitis B screening during the pre-operative assessment.
- Pre-operative assessment was performed by the registered manager, we were informed all patients were offered an appointment prior to surgery with a doctor, however this was not recorded on the patients' notes we checked during inspection. We spoke with four patients who all stated they were offered an appointment with a doctor prior to surgery.
- During the inspection we saw there was a resuscitation bag in the treatment room, but it did not contain any equipment. Staff were aware that the service had a policy for first aid and told us that they would call emergency services in the event of a patient collapse.
- Post-operative care was provided by the registered manager who had no healthcare related qualifications or training.
- During the inspection we were told by staff the service did not use the WHO check list. During our inspection, the surgeon we spoke with was unaware of the WHO standards and guidance
- The provider had sent additional evidence which evidenced that a surgical safety checklist was now in place however, this was not dated and there was no evidence to show that compliance with the standard was being met or monitored. Therefore, we were not assured that the provider had processes to assure themselves that staff were following the standard or performing any specific checks for the procedures.
- During the inspection we were informed by staff the service did not use any early warning scoring systems. The early warning scoring system is a guide used to quickly determine the degree of illness of a patient, based on clinical observations such as pulse, blood pressure and temperature. We were not assured that the provider had a robust process and policy surrounding the use of the early warning scoring system.
- Staff could not adequately explain how they would recognise sepsis, and they did not receive training in sepsis care. After our inspection the provider told us that training for staff would be organised and all medical staff had undertaken training in sepsis.
- During the inspection and following the inspection we asked for evidence of how the service would manage the deteriorating patient. We were informed there were no policies or procedures in place for this.
- Staff we spoke with were unable to tell us how they would care for potentially psychologically vulnerable patients and had not received appropriate training.

Staffing

The registered manager did not ensure that staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

- We could not see evidence the service ensured staff had the right qualifications, skills or competence to keep patients safe.
- The only permanent member of staff was the registered manager. Other staff were contracted according to when patients were booked in. During the past year, the service had contracted with two surgeons and seven hair technicians.
- The surgeons who worked for the service were registered with the General Medical Council.

Inadequate

Surgery

- There was a minimum of one surgeon and two hair technicians for every treatment in accordance with best practice as recommended by the Cosmetic Practice Standards Authority for hair transplant standards.

Records

Staff kept detailed records of patients' care and treatment. Records were clear and stored securely.

- We checked seven paper patients' records which were clear, legible, up-to-date, stored securely and easily available to all staff providing care.
- During the inspection, we were informed the service did not provide or ensure staff had any information governance training.

Medicines

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

- Medicines were stored securely, and access was restricted to authorised staff. The treatment room had a lockable refrigerator for medicines storage.
- The service did not use any controlled medicines.
- We were not assured that the service recorded daily refrigerator temperature readings. The registered manager was not aware this was required for the safe storage of certain medicines.
- There was no evidence to demonstrate that the temperature or any other aspect of storage was being effectively monitored.
- During inspection we observed local anaesthetic prescribed for individual use on the day of surgery was stored in the refrigerator. We were not assured that the service had robust systems in place to support the safe storage of medicines.
- During the inspection, we were informed medications were prescribed for patients by the surgeon, who then emailed a template copy of the signed prescription to the registered manager. This was taken to the local pharmacy and dispensed to the manager on the morning of the procedure.
- In the seven patient records we checked, all had medication information documented including allergy status.
- The service had a medicine policy in place which was in date.

Incidents

We were not assured staff would be able to recognise and report incidents and near misses.

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. Staff we spoke with showed limited understanding of the duty of candour.
- The service informed us there had been no serious incidents or never events.
- There were limited processes in place to manage patient safety incidents if they occurred.
- There were no systems to ensure any learning from incidents or patient safety alerts would be effectively shared with staff. As there had been no incidents reported it was not possible to review any investigations.
- There was an incident policy in place which was in date.

Are surgery services effective?

Inadequate

The location had not been previously inspected. We rated effective as **inadequate.**

Evidence-based care and treatment

The service did not provide care and treatment based on national guidance or evidence-based practice.

- The service used an external company to provide policies. The policies were available online to all staff. These had not been adapted to meet the needs of this service.

- The provider told us there was a system to record that staff had read policies; however, at the time of inspection there was no process to ensure this was monitored.
- We found no evidence the service used any relevant national guidance for cosmetic surgery.
- The service had a policy in place for basic life support.
- Staff told us that they were aware of service policies and knew how to access them online.
- During the inspection and following the inspection we asked for evidence the service reviewed and improved patient outcomes, the service did not provide this.

Nutrition and hydration

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

- As procedures lasted all day, patients were given a break during treatment for food and drinks. During the inspection, we observed staff offering the patient a choice of refreshments.

Pain relief

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

- During the inspection we observed staff undertaking appropriate pain assessment and management.
- We saw staff recording in the patient's record if local anaesthetic was administered.
- Following the inspection, we spoke with past patients about the service. All stated they were asked regularly about pain levels during their procedures.
- Mild analgesia was routinely prescribed for the patients to take home.
- Instructions were given before and during discharge about what to do if discomfort became significant.

Patient outcomes

The service did not monitor the effectiveness of care and treatment.

- During the inspection we were informed that the service did not participate in any audits and there was a lack of understanding of the importance of monitoring and improving the service.
- We were informed the service did not hold any meetings to discuss audits or review performance.
- We were told that the service did not monitor infection rates.
- During the inspection and following the inspection we asked for evidence of sepsis management, the service did not provide this.
- Patients had an initial consultation with the registered manager who would assess their suitability for treatment. This would include determining how many hair follicles need to get the results they would expect to achieve following surgery; however, when we asked for evidence the registered manager had appropriate training or qualifications, we were advised that the micro scalp analysis undertaken was basic and required no training.

  There was limited monitoring and no auditing of patient outcomes. Patients were reviewed following surgery for a period of 12 months. Staff reported to us that the progression of the transplant was reviewed by appointments with the registered manager during this period.

Competent staff

The service did not ensure staff were competent for their roles. There was no appraisals or supervision with staff.

- The registered manager was the only permanent employee at Baruch Hair Transplant Limited. The service used clinicians to perform procedures as required under practicing privileges.
- We were informed patients could contact the registered manager for aftercare advice out of hours, however the registered manager was not a qualified healthcare professional and did not have the relevant skills or training to provide aftercare advice. There was no clinician staff on call to provide advice.
- We were not assured the service had a robust recruitment process. The registered manager informed us the service required all staff to have a Hepatitis B

immunisation certificate, to be trained in basic life support and to have a current disclosure and barring service (DBS) check; however, the staff records we reviewed during inspection were inconsistent and we were not assured the service completed all checks appropriately. We found no evidence of employment references for staff. However, following the inspection, the service provided evidence that all staff involved in regulated activities had an up to date DBS, employment references and an up to date Hepatitis B immunisation.

- During the inspection we saw the employee handbook which stated all staff should receive training and supervision; however, the staff we spoke with told us they did not receive appropriate training or supervision. We were not assured of staff competencies or qualifications, as the service could not provide evidence these were checked or recorded.
- During the inspection we were informed that staff did not receive any appraisals or one to one meetings.
- We saw evidence the surgeons who worked at the service had the appropriate insurance.

Multidisciplinary working

The healthcare professionals providing regulated activities worked together as a team to benefit patients.

- We were informed the service did not consistently liaise with patients' GPs. During the inspection, staff told us that the service did not consistently liaise with GPs. However, after our inspection the provider told us that GP's were contacted through an electronic system.
- The team worked well together, with care and treatment delivered to patients in a co-ordinated way. We observed positive working relationships between medical staff, co-ordinators, technicians and administrative staff. Staff told us they worked together effectively to ensure patients received person-centred care and support.
- The service did not hold any team meetings.

Seven-day services

- The service was open Tuesday to Friday, 9am to 7pm and Saturday, 9am to 4pm.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

We were not assured staff supported patients to make informed decisions about their care and treatment.

- Consent forms were completed at pre-operative assessment by the registered manager who was not a clinician. During the inspection the registered manager showed limited understanding of capacity and consent.
- According to the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016), consent should be gained by the surgeon who will be delivering treatment, 14 days prior to treatment, to ensure the patient has a cooling off period. The service did not ensure this was happening. Following the inspection, the registered manager told us the service will follow the professional standards for cosmetic surgery (April 2016) regarding consent.
- The service had a consent policy in place however it did not follow the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016).
- We saw no evidence of staff training in consent or mental capacity.
- During the inspection we checked seven patient records, and all had the two-stage consent process with evidence of a cooling off period. One record did not have a witnessed second signature.

Are surgery services caring?

Good

The location had not been previously inspected. We rated caring as **good.**

Compassionate care

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

- Patients told us that staff were respectful and considerate.
- Patients said staff made sure their privacy and dignity was always maintained.

- Patients told us care was delivered in a compassionate, timely and appropriate way and, when they experienced pain, discomfort or emotional distress, it was attended to appropriately.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- Staff were available to meet and greet patients on arrival. Patients told us staff introduced themselves and explained their role.
- Patients said staff offered reassurance about procedures and supported them during the treatment.
- We saw that all staff were kind and caring at every stage of the procedure.
- Patients were told who they should contact if they had any concerns following their surgery.

Understanding and involvement of patients and those close to them

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

- Treatment in surgery could last a full day and patients told us that they could stop the procedure if they wanted refreshments or a comfort break. There was a break for lunch.
- We observed staff making sure patients were comfortable.
- We spoke with a patient who was having surgery on the day of the inspection; they told us that the staff were caring and had made them feel at ease. They said they had been fully informed about the procedure and that the process had been transparent.
- Patients could bring family members or carers for support.

Are surgery services responsive?

Requires improvement

The location had not been previously inspected. We rated responsive as **requires improvement.**

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.

- There was one clinical treatment room, a patient changing area, patient toilets, a consultation area and a waiting area. This was sufficient as only one procedure was conducted at a time.
- Patients travelled from across the country or from abroad for surgery and, if the patient lived more than an hour away from the clinic, they were advised to stay in a nearby hotel overnight.
- Patients were provided with post-discharge care information, which included clinic contact details and specific instructions about hair care.
- We saw there was adequate car parking for staff and patients.

Meeting people's individual needs

The service did not take into account patients' individual needs.

- During the inspection the provider told us they could provide a chaperone service if required.
- There was no screening to identify and support individuals with physical or mental disabilities.
- During the inspection, we were told there was no written information available in other languages or formats. Staff told us there were no interpretation services available and were unable to explain the importance of accessing interpretation services. Following the inspection, the provider told us they had a translation device.
- During the inspection, we were informed there was no hearing loop available and information was not suitably displayed for visually impaired patients.
- The clinic provided treatment for male, female and trans-gender patients.
- During the inspection and following the inspection we asked for evidence of additional support for patients with psychiatric needs, this was not provided.

Inadequate

Surgery

- The appointment system appeared easy to use and supported people to access appointments. Patients could arrange an appointment by telephone or make an enquiry using the clinic's website.
- Patients were given a choice of meals, which took into account their individual and cultural preferences.

Access and flow

People could access the service when they needed it and received the care in a timely way.

- Initial face to face consultations were held with the registered manager. During the initial consultation the patient would be given pre-operative information and their expectations regarding the results of treatment were discussed.
- Patients could arrange an appointment by telephone or on the website which appeared easy to use.
- Since 1 June 2018 to 30 June 2019 the service had completed six procedures.
- All procedures were booked in advance. Once the procedure was confirmed with the doctor, hair technicians were contacted to support the procedures.
- After the procedure was completed the patient would rest in the recovery room prior to discharge. There was an open-door policy for patients to contact the clinic when needed. We were informed all patients received a follow up telephone call after their procedure.
- There were no waiting times for consultations or procedures.
- There was no service level agreements with the NHS if patients become unwell.

Learning from complaints and concerns

The complaints procedure was not displayed or explained to patients as to how they could give feedback and raise concerns about care received.

- The service had a complaints, suggestions and compliments policy in place.
- The service had reported no complaints since opening in 2016, therefore we saw no evidence of learning or discussion following complaints.
- Staff showed us the patient complaint information leaflet, but said the leaflet was not offered routinely to patients or displayed for patients to see.
- Patients could give feedback on the provider website, however the patients we spoke with stated they had not been informed about this.

Are surgery services well-led?

Inadequate

The location had not been previously inspected. We rated well led as **inadequate.**

Leadership

The leader did not understand and manage the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

- The service was led by the registered manager who was also the CQC nominated individual. They were responsible for the governance of the service and provided care before and after surgery. The registered manager was responsible for recruiting surgeons and hair technicians.
- During our inspection, the registered manager did not appear to show an understanding of the challenges of maintaining and improving quality.
- Staff told us the registered manager was visible and available when needed.

Vision and strategy

Leaders and staff did not understand the services vision and there was no strategy.

- We were told the service had a vision to expand; we were informed this was not in writing and was not created in collaboration with staff or people who used services. Staff we spoke with did not know what the service's vision was.
- During the inspection we asked for the service's strategy for achieving priorities or for delivering good quality, sustainable care, we were informed there was no strategy in place.

- Due to the lack of service strategy there was no ability to measure progress.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

- Staff told us they felt supported. Surgeons and hair technicians said they chose to work at Baruch Hair Transplant Limited.
- The registered manager stated if there were concerns regarding staff behaviour or performance, the staff member would not be requested to work for the service again.
- During the inspection, we were not assured the culture encouraged openness and honesty in response to incidents. There was a lack of understanding of the importance of recording incidents and we were provided with no evidence of how learning and actions would be taken as a result of concerns raised.
- During the inspection we were informed the service did not have processes in place to provide staff with appraisals or development.

Governance

There were no systems to improve service quality and safeguard high standards of care.

- During the inspection and following the inspection we asked for evidence of effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services, this was not provided.
- Staff we spoke with were not clear about their roles and did not show understanding of what they were accountable for.
- There was no governance structure for the service: we were informed the service did not hold governance meetings.
- We asked for evidence of monitoring or reviewing clinical issues, this was not provided.
- During the inspection, we were informed the service did not hold operational meetings.
- The doctors who had worked at the service over the past year were all registered with the General Medical Council and had indemnity insurance.

Managing risks, issues and performance

There were no systems to identify risks and plan to eliminate or reduce risks.

- During the inspection and following the inspection we asked for evidence of how risks were managed; this was not provided although the service did have a risk management policy.
- The registered manager was unable to identify risks relating to the service, there was no risk register.
- During the inspection, we were informed no risk assessments were undertaken for either patient safety or environmental safety.
- The clinical area was on the top floor of the building with a single stair case. On inspection, the service was unable to provide a fire safety certificate for the building. We were told the building had been assessed for fire risks; however, the registered manager was unable to evidence this. Following the inspection, we were sent evidence that the provider had ensured the building had been assessed for fire risks.
- There was no service level agreement with a provider to give assurance surrounding fire extinguisher checks or a certified inspection of the premises.
- Staff were aware of the fire policy and process to adhere to in the event of a fire.

Managing information

- All initial patient contact was recorded on a computerised system. Notes from the day of treatment were recorded on paper. Photographs of patients' treatment areas were taken, with consent, and uploaded to the patient records. Computers were password protected and locked when not in use.
- During the inspection we asked for evidence that staff had completed information governance training, this was not provided.
- The service had invested in antivirus and firewall software.

Engagement

Inadequate

Surgery

There was no effective process to engage with staff, patients or stakeholders.

- During the inspection we were informed the service held no meetings with staff. We saw no evidence of formal staff engagement.
- There was no evidence of staff involvement in the planning of the service.
- We saw no evidence of formal patient engagement.
- There was no formal mechanism for staff feedback and there was no staff survey.
- We saw there was a website which gave information about the service.

Learning, continuous improvement and innovation

There was no evidence of innovation at the service.

- During the inspection we saw no evidence of continuous learning, improvement or innovation. The service did not participate in any research projects or recognised accreditation schemes.
- During the inspection we asked for evidence of standardised improvement tools or methods, this was not provided.
- During the inspection we asked for evidence of internal or external reviews, this was not provided.
- During the inspection we asked for evidence of shared learning this was not provided.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences including ensuring additional support is available for individuals with physical or mental disabilities. (Regulation 9).
- The provider must ensure staff follow the correct consent procedure (Regulation 11).
- The provider must audit hand hygiene (Regulation 12).
- The provider must ensure fridge temperatures are monitored and staff are aware of how to escalate if the temperatures are not within a safe range (Regulation 12).
- The provider must ensure staff are up to date with safeguarding training and are aware of the correct safeguarding procedures (Regulation 13).
- The provider must ensure the procedure for safe waste disposal is followed (Regulation 15).
- The provider must assess, monitor and improve the quality and safety of the services provided (Regulation 17).
- The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of patients (Regulation 17).
- The provider must ensure all staff receive the appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform (Regulation 18).
- The provider must ensure staff are suitably qualified, competent, skilled and experienced to carry out the duties they are employed to perform (Regulation 18).

Action the provider SHOULD take to improve

- The provider should ensure staff are up to date with mandatory training.
- The provider should ensure processes are in place to ensure learning from incidents.
- The provider should ensure staff and patients are engaged in service development.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider must ensure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences including ensuring additional support is available for individuals with physical or mental disabilities. Regulation 9 (1)(3)

Regulated activity	Regulation
Surgical procedures	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider must ensure staff follow the correct consent procedure. Regulation 11(1)

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must audit hand hygiene. The provider must ensure fridge temperatures are monitored and staff are aware of how to escalate if the temperatures are not within a safe range.

This section is primarily information for the provider

Requirement notices

	Regulation 12 (2)

Regulated activity	Regulation
Surgical procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider must ensure there are process in place for staff to remain up to date with safeguarding training. Regulation 13 (1)(2)(3)

Regulated activity	Regulation
Surgical procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider must ensure the procedure for safe waste disposal is followed. Regulation 15 (1b)

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must assess, monitor and improve the quality and safety of the services provided and mitigate any risks relating to the health, safety and welfare of patients. Regulation 17 (1)(2)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Surgical procedures

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider must ensure all staff receive the appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (1)(2)