

Whiteson Hair Loss Consultancy Ltd

Inspection report

The Old Hall Clinic
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Cheshire
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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection October 2018 was a comprehensive un-rated inspection, where we judged the service to be compliant with regulations.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out this comprehensive inspection at Whiteson Hairloss Consultancy limited under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Whiteson Hair Loss Consultancy Ltd provides treatment for men and women over 18 years of age who are experiencing hair loss. Seventeen patients provided feedback about the service; all comments were positive about the service provided, many describing Dr Whiteson as being extremely caring and professional.

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Appropriate medical records were maintained.
- Dr Whiteson involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement.
- Information about services and how to complain was available. We found the systems and processes in place to manage and investigate complaints were effective.
- The service proactively sought feedback from staff and clients, which it acted on.

The areas where the provider **should** make improvements are:

- Update safeguarding procedures to include the direct contact details of the local safeguarding team.
- Maintain accurate records of portable equipment testing

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was led by a CQC lead inspector.

Background to Whiteson Hair Loss Consultancy Ltd

Dr Stephen Whiteson is the sole provider and is a qualified medical practitioner, registered with the General Medical Council. Dr Whiteson is registered to provide the regulated activity Treatment of disease, disorder or injury.

The service is provided from an office within a building providing other health services which are not regulated by the Care Quality Commission:

The Old Hall Clinic
14 Old Hall Road
Gatley
Cheadle
Cheshire
SK8 4BE

There is on road parking close by.

The service is open from 9.30am to 7pm Monday to Friday. Patients are seen by appointment only. The service has currently 1050 patients undergoing treatments, with approximately 1,660 registered patients since the service began 16 years ago.

How we inspected this service

The inspection was carried out on 5 November 2019. Prior to the visit, we received and reviewed some information from the provider. During the visit we:

- Spoke with the nominated individual, who is also sole provider (a nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Reviewed policies, training records and equipment.
- Reviewed a sample of patient care and treatment records.
- Reviewed comments cards in which clients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- There were systems and processes in place to keep people safe such as safeguarding procedures, effective recruitment procedures and infection prevention and control.
- The provider had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider had appropriate safety policies, which were regularly reviewed. The service did not treat patients under the age of 18. However, the provider had safeguarding protocols for adults and children and had undergone safeguarding training for both adults and children. We looked at safeguarding training certification and saw that refresher training was not due until 8 May 2020 for adults and 25 October 2022 for children. We noted that the provider had not recorded the direct telephone contact number for the local authority social services in their safeguarding documentation. We were told this would be remedied as soon as possible.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider effectively managed infection prevention and control. No invasive procedures were undertaken. The treatment consisted of an in-depth consultation and examination of the scalp only. When blood tests were undertaken, needles were appropriately disposed of in a dated sharps container. The provider had

considered the issue of chaperones and judged that because only a scalp examination was ever undertaken, one would be unlikely to be needed. However, if one was required there were arrangements in place with other suitable trained staff within the building to provide that service.

- The health and safety of the building was managed by the building manager who undertook monthly checks. The provider gained assurance that these were undertaken. Portable appliance testing for electrical equipment and fittings had been undertaken in March 2018 and there was a certificate to say it was valid until March 2019. We spoke to the provider about this and were told that they had contacted the electrical contractor who had completed the testing and had been told it was valid for two years. We were told that documented evidence of this would be provided, we were sent an updated testing certificate two days after inspection which clarified the items as being certified until March 2020. The only pieces of electrical equipment in use were a printer and a laptop computer.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were no other staff employed by the service.
- The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention, for example sepsis.
- The provider had undertaken basic life support training but in the event of any emergency 999 would be called. There was access to a first aid kit and a GP practice across the road from the service had a defibrillator.
- Fire safety measures included regular fire drills and equipment checks and a fire risk assessment. Infection control and Legionella checks were also in place.
- There were appropriate building indemnity arrangements in place to cover all potential liabilities. The provider also had current medical indemnity cover.

Information to deliver safe care and treatment

The provider had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were hand written and managed in a way that kept patients safe. The selection of care records we reviewed showed that information needed to deliver safe care and treatment was comprehensive and up to date.
- The service had systems for sharing information with other medical professionals to enable them to deliver safe care and treatment. When required the provider referred patients appropriately. For example, to the patient's own GP or in some cases to an Endocrinologist for further advice. Patients always completed documented consent around this process. The provider was able to give examples of where his consultations had led to referral to a specialist, in one case an early and otherwise undetected case of prostate cancer.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading and complied with general data protection regulations (GDPR).
- The service carried out regular medicines audits to ensure treatment was in line with best practice guidelines for safe prescribing.
- Processes were in place for checking medicines and the provider maintained accurate records of medicines. Medicines dispensed (lotions and tablets) were kept in a locked cupboard. The temperature of the cupboard was monitored to ensure it did not go outside manufacturer's guidelines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We looked at a range of these including health and safety and medicines.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- There were systems and process to minimise medicines risks. No prescription stationary was kept. The service undertook direct prescribing of medication used in the treatment of hair loss as required. This was appropriately recorded in the patient care records.

Lessons learned and improvements made

- The provider was aware of what constituted a serious incident or event. A protocol for reviewing and investigating any serious incident was in place. The provider told us that there had never been any serious incident in all the time the service had been delivered.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

- The service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients received an individualised consultation and risk assessment, health information including additional health risks related to their treatment specific to them.
- The provider understood the requirements of legislation and guidance when considering consent.
- Clinical audits demonstrated quality improvement.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider had systems to keep themselves up to date with current evidence-based practice. We saw evidence that they assessed a patient's physical and mental needs and delivered care and treatment in line with current legislation, standards and guidance.
- The provider always had enough information to deliver appropriate care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits on the outcomes of treatment.
- The treatment consisted of an in-depth consultation, where comprehensive explanation of the treatments was undertaken and examination of the scalp only. The treatment plan was then agreed and documented via a registration log and treatment record. The provider maintained regular contact (at least every six months) with all patients undergoing treatment, this was usually done via text message and these contacts were also recorded on the patient's medical notes.

Effective staffing

The provider had the skills, knowledge and experience to carry out their role.

- The provider was the only staff member. No other staff were employed.
- The provider was appropriately qualified.
- The provider was registered with the General Medical Council (GMC) and was up to date with their re-validation.
- The provider attended regular updates and conferences and read peer review publications, for example in the Lancet, British Medical Journal and the British Journal of Dermatology, to ensure best practice.

Coordinating patient care and information sharing

The provider worked well with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to additional sources of treatment when indicated.
- Details of the patient's GP was obtained when they consulted with the service. Consent was sought to share information about treatments and contact the GP if any medical history needed clarifying. A letter was sent to the GP following advice and treatments being given to ensure a complete medical history could be maintained.

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where patients' needs could not be met by the service, the provider directed them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Consent was documented in the registration form and in the ongoing patient care record.

Are services caring?

Our findings

We rated caring as Good because:

- Information for clients about the services available was easy to understand and accessible.
- We saw staff treated clients with kindness and respect and maintained client and information confidentiality. This was supported by client feedback via CQC comments cards.
- Staff dealt with clients with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive and highly complementary about how the provider treated them. Many of the 17 CQC comments cards we received mentioned the caring and professional nature of the provider.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

The provider helped patients to be involved in decisions about care and treatment.

- Local interpretation services were available for patients who did not have English as a first language. However, due to the specific nature of the treatment provided, the provider told us obtaining an interpreter who was able to understand and convey the technical and detailed nature of the consultation, could be difficult. To date there had been no issues with communication and no requests for interpretation services had been made.
- Patients told us through comments cards, that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the treatment available to them.
- Patients praised the provider for the detailed explanation of treatment and also for the emotional and clinical support provided during treatment. We were told that regular contact was made between the provider and patient, most often via text message.
- The provider communicated with people in a way that they could understand, for example, diagrams, highlighted passages from medical journals and easy to understand explanations.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Consultations were undertaken in a private room, with no direct public access.
- The provider recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was responsive to patients' needs and preferences.
- Patients could access the service in a timely manner.
- We found that this service was providing responsive care in accordance with the relevant regulations.
- The provider understood its client profile and had used this to meet their needs.
- Patients said they found it easy to make an appointment.
- The clinic was well equipped to treat clients and meet their needs.

Responding to and meeting people's needs

The provider understood the needs of their patients and improved services in response to those needs.

- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, patients with learning disabilities.
- We were told that the provider ensured their advice to clients remained up to date and took steps to inform clients where advice altered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service was available in from 9.30am to 7pm, however the provider's mobile telephone was available at most times of the day and evening if a patient required any advice.
- Feedback from CQC comment cards evidenced that patients were very happy with access to the service.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The service had an appetite to learn lessons from individual concerns and complaints should there be any. However, there had been no complaints made in the last 16 years.

Are services well-led?

We rated well-led as Good because:

- There were systems in place to ensure good governance.
- The provider had the capacity and skills to deliver high-quality, sustainable care.
- The provider was aware of and complied with the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty.
- There were clear and effective processes for managing risk, issues and performance.
- The service acted on appropriate and accurate information.

Leadership capacity and capability

The provider had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of clients.
- The service actively promoted equality and diversity.
- Patients' feedback demonstrated the provider ensured a culture that was caring and supportive.
- The provider did not employ any staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The provider had established policies, procedures and activities to ensure safety which were clearly documented and displayed for patients to see. They assured themselves that they were operating as intended.
- The service was provided by a sole provider, however the provider had a good understanding of the required accountability and governance processes to ensure safe care and treatment.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance could be demonstrated through audit of their treatment results.
- The provider had oversight of safety alerts and changes in their field of work.
- Clinical audit had a positive impact on quality of care and outcomes for clients.
- There was clear evidence of action to change services to improve quality.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were considered on a regular basis.
- There were robust arrangements in line with data security standards for the availability, integrity and

Are services well-led?

confidentiality of client identifiable data, records and data management systems. For example, the provider was registered with the Information Commissioner's Office and had its own information governance policies.

- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems included GDPR.

Engagement with patients, the public, staff and external partners

- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The provider had undergone re-validation via the Independent Doctors Federation to the General Medical Council (GMC) and we saw evidence of training and attendance at relevant events and conferences to maintain current best practice and innovation.