

DHI International UK Limited

Quality Report

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Date of inspection visit: 4 December 2018
Date of publication: 18/02/2019

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

Ratings

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

Overall summary

DHI International UK Limited is operated by DHI International UK Limited. The service provides hair transplant procedures under local anaesthetic for self-referring and private patients. The clinic has two hair transplant clinical rooms, a hair wash room and two consulting rooms.

The service provides hair transplant procedure for adults only.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 4 December 2018.

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

Summary of findings

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

The main service provided by this clinic was hair transplant procedure under local anaesthetic.

Services we rate

We rated it as **Good** overall.

- There were systems in place to keep people safe. Mandatory training and safeguarding training for adults had been completed by all staff.
- Equipment was maintained and serviced appropriately, and there were safeguards in place to protect people from the risks of infection.
- Staff received training to undertake hair transplant procedures safely and there were opportunities for further staff development.
- Staff worked in line with appropriate guidance. Consent processes were appropriate and staff received training in the Mental Capacity Act and associated legislation.
- Staff were caring and the privacy and dignity of patients was respected. Feedback from patients was consistently positive.
- Services were planned and delivered in order that they met the needs of patients. Adaptations to the environment had been considered and put in place, to ensure the clinical setting was safe for patients.
- The service managed staffing effectively. Staff with the right skills and experience were allocated appropriately, ensuring patients were safe and that their care needs were met.
- When things went wrong, lessons were learnt and changes were made to reduce the risk of similar incidents occurring again in the future.
- Risks associated with the delivery of services had been considered and were acted upon appropriately.
- Staff described a culture of openness and transparency. The leadership team were visible, approachable and responsive.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Summary of each main service

Overall, we rated the service as good.

This was because;

- The service met the needs of the patients who used the service safely.
- Policies and procedures reflected best practice guidance.
- Staff were professional, caring and gave patients the time they needed to make decisions about their treatment needs.
- The service was sufficiently responsive to making reasonable adjustments for patients with disabilities or other needs.
- There were systems to ensure the quality of the service was monitored and improved, which prevented patients from receiving poor care.
- Risk, governance and operational performance was well managed.
- There was an inclusive and visible leadership team who were committed to developing clinically-led, highly responsive services.
- There was a culture of improvement, and quality and safety was a priority for this service.
- The service took account of feedback and showed high levels of patient satisfaction.

Good



Summary of findings

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Good 

DHI International UK Limited

Services we looked at

Surgery

Summary of this inspection

Background to DHI International UK Limited

DHI International UK Limited was established and registered in 2007. It is a private hair transplant clinic in London. The service serves the population of the United Kingdom and abroad.

The service has had a registered manager in post since its registration in 2007. At the time of the inspection, a new manager had recently been appointed, and was in the process of being registered with the CQC.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a theatre nurse as a specialist advisor. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Information about DHI International UK Limited

DHI International UK Limited (DHI) is a hair transplant service located near Harley Street. The service forms one part of the wider DHI Global Company, however the DHI International UK Limited is established as a limited liability company.

DHI provides adults' hair transplant and hair restoration services under local anaesthetic.

The service performed 325 hair transplants between January 2018 – October 2018.

During the inspection we visited the clinic. We spoke with four staff members including the registered manager, the group's founder, the medical director, and two total care consultants.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Track record on safety:

- No never events

- No serious incidents
- No incidences of healthcare acquired meticillin-resistant staphylococcus aureus (MRSA), meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C. difficile) or Escherichia coli (E-Coli).
- The service received two complaints between January 2018 and October 2018, both of which were not upheld.

Services provided at the clinic under service level agreement:

Health and safety

Fire Safety

Periodic inspection and fixed wiring testing

Infection control

Clinical waste management

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?

We rated safe as **Good** because:

- Staff received a sufficient level of mandatory safety related training to meet patients' care needs.
- The service had a safeguarding policy. Staff received training to be able to protect vulnerable patients from avoidable harm.
- There were infection control and prevention practices which minimised the risk of healthcare acquired infections.
- Patients had their individual health care needs assessed before undergoing any procedure.
- There were systems and processes to record and manage incidents. Any incidents that occurred were reviewed and protocols developed to prevent any recurrence. There was evidence of shared learning from incidents through meetings.
- The service promoted a culture of reporting and learning from incidents.
- Equipment was checked and cleaned, and all areas we inspected appeared visibly clean.
- Staff were familiar with the duty of candour regulation.

Good



Are services effective?

We rated effective as **Good** because:

- Care and treatment within the clinic was delivered in line with evidence-based practice. Policies and procedures followed recognisable and approved guidelines such as the Joint Council for Cosmetic Practitioners (JCCP) and the Cosmetic Practice Standards Authority (CPSA). The service used Standard Operating Procedures developed by DHI Academy.
- JCCP and CPSA guidelines were discussed at governance meetings, and the outcomes of these meetings were shared with the frontline staff, who implemented them.
- Procedures had been developed in line with national guidance and staff were aware of how to access them.
- The service had a robust audit plan to support patient safety, quality improvement and patient satisfaction. Audits were supported by action plans.
- Appraisal rates were at 100%, and staff received a training needs analysis as part of the appraisal process.
- There were processes for obtaining consent. Staff had received training in the Mental Capacity Act and associated legislation, and understood their responsibilities.

Good



Summary of this inspection

- Staff were supported to develop and remain competent to do their jobs.

Are services caring?

We rated caring as **Good** because:

- Patients were cared for by kind and professional staff.
- Staff took time to ensure patients were given sufficient information to be able to make decisions about their care.
- Staff provided emotional support to those who needed it.
- Staff routinely sought patient comments and used these to improve the service.
- Feedback we reviewed were entirely positive and very complimentary.

Good



Are services responsive?

We rated responsive as **Good** because:

- Services were sufficiently flexible to meet the needs of patients. Clinic opening times could be extended to accommodate patients requiring a hair transplant outside the normal opening hours.
- The provider took patient's individual needs into consideration when delivering the service. For example, interpreting services were available, and there were information leaflets available in English.
- The service had a complaints policy in place and had received two formal complaints in the reporting period. Although neither of the complaints were upheld, there was evidence of learning from each complaint, with good escalation of patient feedback to the senior management team.
- Face to face interpreting services could be booked for patients and they could also use a dedicated language line service if needed.
- We observed that patients were seen promptly and they were able to book their next available appointment.
- A range of literature and health education leaflets were on display in the waiting areas, to ensure patients were informed about the service.

Good



Are services well-led?

Are services well-led?

We rated well-led as **Good** because:

Good



Summary of this inspection

- There was an inclusive and visible leadership team who were committed to developing clinically-led, highly responsive services.
- The leadership team were visible, approachable and responsive.
- There was a clear vision for the service, which was focused on the development of a clinically led centre of excellence.
- Staff described a culture of openness and transparency.
- Risk, governance and operational performance was well managed.
- There were sound governance processes with monthly meetings, where the quality and safety of care was discussed and action plans were monitored.
- There was a local risk register which was up to date with actions to mitigate risks.
- The service had arrangements for staff and patient engagement. Managers were responsive to feedback.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are surgery services safe?

Good 

Mandatory training

- Staff received effective training in safety systems, processes and practices.
- Mandatory training was outsourced to external agency. All mandatory training was undertaken in one day on a face-to-face basis. The training included basic life support, infection control and prevention, information governance, equality and diversity, vulnerable adults, manual handling and fire safety.
- We saw the mandatory training records for staff and this showed all staff were compliant with their mandatory training. Staff appraisal records were up to date and demonstrated 100% of staff were compliant with their appraisal. All staff working at the clinic had received an appraisal in the last year.
- All staff underwent an induction programme specific to their area of work. This included a tour of the facilities and teams, clinical supervision and protected time for reading the relevant policies and protocols. The induction program was written using a standard template, signed off on completion by the responsible manager, and filed in the employee's personnel record.
- Staff were clear that it was their responsibility to keep up-to-date with training. We observed managers had systems in place to ensure their staff were trained. They had yearly training spreadsheet. This detailed where each staff member was up to with the mandatory training and other professional development courses.

Safeguarding

- Staff we spoke with were aware of how to access the safeguarding policies from the intranet. All staff we spoke with were aware of their responsibilities to protect vulnerable adults.
- There was information on safeguarding procedure displayed on the notice boards for staff to refer to, including the contact details for the safeguarding leads.
- The nominated lead for safeguarding was the medical doctor and in their absence the registered manager of the clinic.
- Safeguarding training was mandatory for all staff. Staff training records showed all staff had completed safeguarding training at an appropriate level.
- All the staff we spoke with demonstrated they understood safeguarding processes and how to raise an alert. They could access support from senior staff if needed. Staff were aware of their responsibilities to protect vulnerable adults and children. The provider had a service level agreement to access Children's safeguarding lead at the local council when child safeguarding advice was needed.

Cleanliness, infection control and hygiene

- The service had effective systems to maintain standards of cleanliness, and prevent and protect people from healthcare-associated infections.
- We saw staff complying with infection prevention and control policies. For example, we saw some members of staff washed their hands, and others used an alcohol

Surgery

based hand sanitiser, in accordance with the World Health Organisation (WHO) 'five moments for hand hygiene'. We saw hand sanitiser bottles readily available throughout clinic.

- All the clinical treatment rooms appeared clean and tidy on the day of inspection. We reviewed cleaning records which demonstrated cleaning was undertaken regularly.
- Patients told us they considered the environment as clean and well maintained.
- Managers carried out hand hygiene and environmental audits every three months. All the audits reports showed high levels of compliance with infection control practice. The most recent audit dated August 2018 showed 100% compliance with hand hygiene audit.
- Hand wash basin were available in all consulting rooms and in clinical areas.
- There was a process for managing infectious patients, or those patients susceptible to infections. Those individuals who required hair transplant procedures were asked to attend on a specific day, or during periods of very low patient activity, in order that equipment and clinical areas could be deep cleaned following their procedure.
- There were no reported incidents of healthcare-associated infections reported against this service in the preceding twelve months.
- We observed clinic staff adhered to the provider 'bare below the elbow' policy. Bare below the elbow means clinical staff did not wear long sleeves, jewellery on wrists or fingers and no false nails. Staff used personal protective equipment, such as disposable aprons and gloves.
- We observed that the National Institute for Health and Care Excellence (NICE) guideline CG74, surgical site infection being adhered to by the clinical staff: Staff in the clinical environment followed the prevention of surgical site infection protocol, this included hair preparation and management of the post-procedure recovery.

- Disinfection wipes were readily available for cleaning hard surfaces and equipment surfaces in between patients, and we witnessed staff using these. Disposable gowns were stored appropriately and readily available for use at the clinic.
- Waste in all clinical areas were separated and in different coloured bags to identify the different categories of waste. This was in accordance with HTM 07-01, Control of Substances Hazardous to Health and the Health and Safety at work regulations.
- The service had its own waste disposal area outside the clinic. We saw the bins were locked and in a secure storage area. The clinical waste area was secured and all clinical waste bins we checked were locked.
- We saw a suitable waste management policy and valid contract with a clinical waste company.
- We observed that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We checked three sharps bins, and all of them were clearly labelled to ensure appropriate disposal and traceability.

Environment and equipment

- There were appropriate arrangements for ensuring clinical equipment was maintained and serviced in line with manufacturer guidelines.
- The provider had a standard operating procedure in place which ensured that any medical device brought to the clinic was checked and approved before it could be used.
- The provider could evidence robust protocols for ensuring alerts issued by national patient safety agencies were captured, and shared with staff where necessary. This ensured that any medical equipment being used was safe and appropriate for use or removed from use where necessary.
- We saw electrical safety check labels were attached to electrical items showing they had been tested and were safe to use. We checked seven electrical items and all of them were tested within the last year.

Surgery

- In clinical treatment room, we observed staff checked and counted all hair transplant instruments and gauze swabs before, during and at the end of patients' hair transplant procedures. This was in line with the Association for Perioperative Practice (AfPP) guidelines.
- Hair transplant instruments were compliant with Medicines and Healthcare Products Regulatory (MHRA) requirements. The provider
- Staff could access the equipment they needed, and said they had sufficient equipment to provide hair transplant services for patients.
- The clinical environment maintenance was undertaken by a third party. We saw a range of environmental risk assessments which were used to identify and manage any risks. These did not indicate there were any concerns with the way the building was maintained.
- We saw evidence of a bi-annual fire evacuation exercise which ensured staff were kept up to date on their responsibilities in the event of a fire. Fire extinguishers were readily available and in date, and fire exits were clearly signed.
- Resuscitation equipment was readily accessible in the clinic. An audit completed by the provider confirmed 100% compliance with daily checks, and that resuscitation grab bags were fully stocked in line with the provider's requirements.
- When patients attended for their appointment they were asked to complete a questionnaire. The questionnaire captured and assessed their emotional and psychological wellbeing. Each questionnaire was tailored to the specific needs of the patient.
- We saw there were a variety of risk assessments used, for example infection control risk and pain assessment.
- Even though the hair transplant procedures were carried out under local anaesthetic, we noted that all patients had a venous thrombo-embolism (VTE) assessment completed and were provided with an anti-embolic stockings to wear if appropriate. The purpose of anti-embolism stockings is to reduce a person's risk of developing venous thromboembolism.
- We observed staff using specific World Health Organisation (WHO) checklists for hair transplant procedures. This ensured staff checked the most important safety factors relating to the procedure.
- All staff had received basic life support training. There was a policy for staff to follow in the event of an emergency. This included providing basic life support. If a patient required an emergency transfer to an NHS emergency department, the clinic would use the 999 systems to call an ambulance to care for patients who may be deteriorating. The service had a procedure for admissions to the hospital from the clinic should the need arise.

Assessing and responding to patient risk

- Patients who used the service had risks assessed to ensure their needs could be met before they came into the service for hair transplant procedures.
- The service had referral criteria, which was reviewed for each patient at the time of booking the appointment. The service only accepted patients who were physically well and could transfer themselves to a couch without support.
- Administration staff ensured key information was recorded at the point of booking for a service. Clinical staff then reviewed the information to ensure the service could meet the needs of patients.
- The service had a daily safety check list for staff to follow before opening each day. This included checks of medication, hair extractor and implanter and availability of sterile equipment's needed for the day. We saw this was regularly completed to ensure the safety of patients.
- Patients rarely did not attend (DNA) their appointments. Whilst there was no formal DNA policy in the service, we saw evidence the administration staff followed these up via telephone call. An email was also sent to the patient to enquire about their non-attendance.

Nursing and support staffing

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

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- The service employed four allied health professionals, one nurse, two total care consultants, and one receptionist. The service was overseen by a finance director who was also the registered manager for the clinic.
- There were arrangements in place for ensuring staff were inducted to the service by way of a formal induction programme. We saw evidence of staff having completed induction programmes.
- The service did not use any bank or agency staff, preferring to cover any unexpected vacancies with the clinic's own staff. Staff worked flexibly to ensure appropriate staffing was maintained.

Medical staffing

- The medical director of the service had a professional GMC registration, and was the main doctor providing the hair transplant. There were other doctors employed by the service who could provide cover for sickness and annual leave of the medical director. The medical director had oversight of the quality and appropriateness of the care delivered, developed and approved service policies and procedures and provided support to the senior leadership team.

Records

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Records were managed in a way that kept patients safe, and staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. We observed the medical director checked the electronic systems for patient's clinical history before starting procedures.
- We reviewed 12 patient records, all of which were complete, legible and current. We saw records were fully completed with information on patient's clinical findings and evaluation.
- The service utilised a combination of electronic and paper records. Admission notes, risk assessments, care plans and nursing documentation, medical

documentation, consent forms, and transplant records were kept in the paper record. Upon completion of the hair transplant, all paper records were scanned into the electronic patient record, for longer-term storage.

- Patient records were stored appropriately in locked cupboards and in a locked room. Staff did not leave electronic records open on screens. Access to the computers and patient confidential information were password protected, with staff having access via personal logins and passwords.

Medicines

- The medicines cupboards we inspected were locked and secure, all stock was within their expiry date, and there was evidence of stock rotation. Cupboards containing substances hazardous to health were also locked. Only authorised staff had access to keys for the medicines cupboard.
- There were no controlled drugs (CDs) kept or administered in the clinic. The service did not use any controlled medicines, and therefore they were not required to have an accountable officer for CDs.
- Fridge temperatures were checked and recorded daily, and were within the required range to store medicines safely. Medicines management regulations stated minimum and maximum temperatures of locked medicine refrigerators and ambient room temperatures. There was wall temperature monitor available to monitor the room temperatures and adjusted to suit patient's needs.
- Allergies were clearly documented on the operation notes, and on the electronic patient records. Allergies were verbally checked during the pre-assessment safety checklist.
- There was a clear pathway to replenish medicines and consumables and avoid stock depletion. The clinic procured consumables such as injection, tablets and saline intra-venous fluids from appropriate wholesale providers. Supplies were replenished every two weeks and staff told us they could request additional supplies if they were low before the next restock.

Incidents

- Staff understood their responsibilities to raise and record safety incidents, concerns and near misses.

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- The clinic had a policy for the reporting of incidents, near misses and adverse events. Staff were encouraged to report incidents using the service electronic incident reporting system. The staff we spoke with were able to describe the process of incident reporting and understood their responsibilities to report safety incidents.
- Any lessons learnt from incidents were shared via clinical governance meetings and team meetings. We saw this in the clinic's team meeting minutes. Staff said they received copies of meeting minutes via emails.
- There were no never events reported in the service between January 2017 and August 2018. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need to have happened for an incident to be a never event.
- There were no serious incidents reported between January 2017 to August 2018. Serious incidents are incidents that require reporting and further investigation.
- The unit provided us with a breakdown on the number and types of incidents reported in the service between January 2017 and August 2018. Of these, there were eight reported incidents graded as no harm.
- Staff reported they knew how and when to report concerns on the electronic incident reporting system, that they had done so in the past, and that there was an open culture which encouraged reporting.
- 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 any unintended or unexpected incident and provide reasonable support to that person. Staff were aware of the duty of candour principles, and spoke about being open and honest with patients and their relatives. All staff we spoke to said that they would speak to patients and their families if an incident had occurred.

Are surgery services effective?

Evidence-based care and treatment

- Care and treatment within the clinic was delivered in line with evidence-based practice. Policies and procedures followed recognisable and approved guidelines such as the Joint Council for Cosmetic Practitioners (JCCP) and the Cosmetic Practice Standards Authority (CPSA).
- JCCP and CPSA guidelines were discussed at governance meetings, and the outcomes of these meetings were shared with the frontline staff, who implemented them.
- Staff meetings were held monthly to share information and promote shared learning.
- Adherence to policies and national guidelines were discussed at management and staff meetings, to ensure care and treatment offered was up to date. For example, we saw in the meeting minutes of the clinical staff in October 2018 that the decontamination policy had been updated, and staff were asked to read it and familiarise themselves with it.
- Policies and procedures were up to date and referenced best practice guidance from a range of bodies including the JCCP and CPSA guidelines. The service also used a range of guidance provided from the Royal College of Surgeons.

Nutrition and hydration

- Patients had access to drinks when required. During our inspection we observed staff offered lunch to patients during break and snacks on completion of the hair transplant procedures.
- Light breakfast was also provided for patient who needed to eat before their session.

Pain relief

- Patients were routinely asked about their pain during and post their procedure, if patients were in pain, staff told us they would provide pain relief medication.
- The medical director told us the clinic was in the process of starting to record patient pain scores at the

Surgery

start and end of their transplant procedures. The goal of this was to monitor the level of pain before, during and after the procedure. After patient discharge staff would call the patient to see how they were doing, at a set point of time. The service's long-term goal was to use this collected data to create a pain assessment tool and pathway.

Patient outcomes

- The service monitored the effectiveness of care and treatment, and used the findings to improve services. The service had a clinical audit programme which focused on the quality of transplanted hair transplants.
- The service undertook clinical and non-clinical audits. These included infection prevention, hand hygiene, hair line growth, record keeping and consent to treatment, resuscitation equipment, environmental audits, medicines management audit. The provider submitted their most recent medical records and consent audit report which showed all (100%) patients medical records were completed correctly and legibly and the consent form completed and signed by the doctor and the patient.
- The services did not participate in any national audits. Learning from internal audits was fed back via quarterly governance meetings and monthly staff meetings. We saw evidence that learnings from regular audits were discussed at these meetings.

Competent staff

- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis. Staff had regular meetings with their manager, and had performance appraisals twice a year to set and review objectives.
- All new staff completed an induction programme. Staff told us the induction process was comprehensive and enjoyable. The service offered a week's induction program which involved shadowing various departments within the organisation, learning the work ethics and how the organisation operates.
- Data provided by service showed that 100% of staff working at the clinic had received an appraisal in the current appraisal year (January 2018 to October 2018).

- Staff described the appraisal process as a valuable experience, and felt that their learning needs were addressed. Staff were also given the opportunity to attend courses to further their development. Staff described being supported in undertaking further learning to develop their skills and knowledge.
- Clinical staff kept themselves up to date with best practice, and proactively sought development opportunities. This included undertaking on line training modules, attending national and international conferences, teaching in a university setting and working with leading stakeholders in the hair transplant field.
- Staff told us the service had introduced a 'DHI learning academy' which offered service specific e-learning.
- We found an open approach to learning and development in the service that was extended to all staff regardless of role.
- There was a system to ensure qualified doctors and nurses' registration status had been renewed on an annual basis. Data provided to us by the service showed a 100% completion rate of verification of registration for all staff groups working in the clinic.
- The service undertook robust recruitment procedures, which ensured all doctors who worked at the clinic, had the necessary skills and competencies and that they (doctors) received supervision and appraisals. This included monitoring competencies of the doctors to carry out hair transplant procedures. The management team ensured the relevant checks against professional registers, including information from the Disclosure and Barring Service (DBS) were undertaken.

Multidisciplinary working

- The service demonstrated multidisciplinary teamwork with comprehensive record keeping and good communication. Patients' individual needs were considered during pre-assessment discussions, with treatments planned accordingly.
- We saw that medical staff, nursing staff and the management worked well together in the clinic. Staff told us that the management team was 'clinically credible' and would work clinically when required. This indicated good levels of professional respect amongst the multidisciplinary team.

Surgery

- We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

- The clinic operated between the hours of 8.00am to 8.00pm, seven days a week.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The clinic had a consent policy, which was based on guidance issued by the Department of Health. This included guidance for staff on obtaining valid consent, details on the Mental Capacity Act 2005 (MCA) guidance and checklists.
- We reviewed 15 consent forms for hair transplant. Patients and staff had fully completed, signed and dated the consent forms to ensure they were valid. Consent forms did not contain any abbreviations that a patient may not have understood. This showed staff had fully informed patients of the possible risks of the procedure, and obtained informed consent.
- Staff told us they had received mandatory training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Data provided showed a compliance rate of 100% for staff working in the clinic. Staff we spoke with were able to demonstrate that they understood their responsibilities in relation to the MCA and DoLS.
- Staff told us they very rarely saw patients who may lack capacity to make an informed decision about their hair transplant. We spoke with staff about informed consent and they were clear about the procedures to follow for patients who lacked capacity, including seeking advice from their nominated safeguarding lead.

Are surgery services caring?

Good 

Compassionate care

- Patients' privacy was respected and they were addressed and treated respectfully by all staff.

- The environment and the hair transplant treatment rooms in the clinic allowed for confidential conversations.
- Patients consistently gave very positive accounts of their experiences with staff and the clinic. Most patients we spoke with felt staff genuinely cared for their well-being and nearly all repeat patients told us they felt very comfortable with the staff.
- The service actively sought the views of patients. We saw twenty-five feedback forms that indicated high levels of patient satisfaction with the care and treatment provided. Examples of the comments we saw received included: "Really good thorough examination", "Felt unrushed by all staff", "very friendly service" and "very professional service".
- The service undertook regular privacy and dignity audits which captured a range of interactions between patients and staff. Standard measures included whether staff introduced themselves to patients, whether communication was clear, that patient requests were managed in a professional and courteous way; that eye contact was maintained and whether staff sought the permission of patients before undertaking any intervention. The service attained 100% compliance against all metrics during an audit undertaken in September 2018.
- There was a private changing room for patients to change before their hair transplant procedures. All patients we saw at inspection changed into a gown. The clinic's reception area was an open space; however, there was a private room within the clinic where private discussions and conversation could be held.
- We observed staff treating patients with dignity and respect. Staff reported that they recognised the importance of maintaining patient's confidentiality, privacy and dignity.
- There were information available informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having a chaperone during their pre-assessment consultation.

Emotional support

Surgery

- Staff gave patients support and time to discuss their treatment. We saw staff speak with patients about their most recent visit to their GP or hospital.
- The registered manager told us they had an open-door policy and was available to patients to discuss all their needs. Patients told us the manager was always responsive and gave them time to discuss their concerns.
- Staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
- A member of staff described talking to patients during procedures to put them at ease. They talked about managing anxious patients by offering them a glass of water, sitting with them and talking with them until they were ready to leave post their hair transplant procedure.
- A member of staff explained how they had supported an anxious patient during their pre- assessment examination by explaining the tests, provided simulation experience and being at hand to reassure them.
- Clinical staff could communicate directly with patients when they were undergoing their hair transplant procedures to provide reassurance to patients as well as provide updates on the duration of the procedure and the hair grafts extracted.
- Alopecia assessment was carried out for each patient, and this assessment considered the emotional and psychological aspects of hair loss.
- The clinic had an up to date chaperone policy. Staff were available for any patient requiring chaperoning. Notices were on display offering chaperones to patients in waiting areas in the clinic.
- Patients told us they were given time to make decisions and staff made sure they understood the treatment options available to them.
- Staff provided clear explanations about the procedures and encouraged patients to ask questions. Patients told us they were provided with sufficient information before and after their hair transplant.
- Comments we reviewed showed patients were given enough time to ask questions and be involved in their care. An example included: "The staff are always considerate and helpful and take time to explain the procedures and results".
- We spent time in the main reception area and observed patients being greeted and directed into the clinics. There were clear instructions for any paperwork that needed completing and patients were able to ask any questions.
- When patients were taken to the clinical rooms we observed that staff addressed each patient by name and escorted them to the appropriate place. Costs and finance option were discussed with patient. There was a cooling off period of a week for patients to go away and think about the treatment and payment options offered to them, before committing themselves to the treatment.

Are surgery services responsive?

Good 

Service delivery to meet the needs of local people

- The provider planned and delivered services in a way that reflected the needs of the population served, responded to market forces, and gave choice and continuity of care to patients locally.
- The provider also took the affordability of the service into account to ensure greater access to patients. They did not charge for consultation and advice on alopecia and scalp disorder.
- If patients wanted their relatives to accompany them into the hair transplant room, they completed a form that was checked by the medical doctor.

Understanding and involvement of patients and those close to them

- We saw staff spent time with patients, explaining hair transplant treatment plans. All patients we spoke with told us they fully understood why they were attending the clinic and they had been involved in discussions about their care and treatment.

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- The service was centrally located near to public transport services, and so was accessible to a range of people who may have opted to utilise transport other than a car.
- The service opening hours gave patients extended choice to access the service at a day that was convenient to them.
- Face to face interpreting services could be booked for patients and they could also use a dedicated language line service if needed.
- A range of literature and health education leaflets were on display in the waiting areas, to ensure patients were informed about the procedure.
- Patients we spoke with told us they were given appointment times that suited them. The service planned to see patients at the time of their choice, and had a discussion with the patient about whether they wanted a morning or afternoon appointment.
- Upon arrival to the clinic, patients checked in at the reception and took a seat in the reception area until they were being called for the care and treatment. The clinical staff then reviewed the referral form, the health questionnaire and talked to the patient about their understanding of why they were in the clinic and were encouraged to give a history of their hair loss.
- During our inspection we did not observe any long waits or delays for patients. The patients we talked to told us they did not experience long waits for an appointment.

Meeting people's individual needs

- The hair transplant procedures were elective and planned. Patient access to the service was facilitated in a timely manner, and could be arranged at short notice to meet patient's individual needs, and ensure they received treatment as soon as possible.
- Staff told us they would make provisions for patients with learning difficulties or dementia. For example, the service could provide a special needs assessment and fast track service. However, staff said that they rarely saw patients with learning disabilities or patients living with dementia. All staff we spoke with confirmed they received dementia training, which helped them to meet the needs of patients living with dementia.
- The clinic was focused on making services more accessible to patients with different needs as reflected in their quality improvement plan. The plan included reviewing availability of services at the time convenient for the patients, opening seven day a week from 8am – 8pm.
- The discharge process was thorough and clear. This meant patients could leave the clinic immediately after their hair transplant procedure. Prior to the procedure, the allied health professional would discuss discharge planning. After the procedure, the medical doctor would discuss the outcome of the hair transplant with the patient. The patient would then receive a discharge pack that included a personalised advice regarding dressings, bathing instructions, pain medication information, general information about the emergency contact and on call arrangements with telephone numbers to call in case of queries.

Learning from complaints and concerns

- The service treated concerns and complaints seriously. There was a complaints policy which outlined how complaints would be acknowledged, investigated and responded to. Complaints were acknowledged within 24 hours of receipt, and response sent in seven working days. Staff we spoke with were aware of their responsibilities in handling complaints.
- The service had posters on how to make a comment or complaint displayed around communal areas. This information was also included in the information folders in the reception area.
- The managers told us they welcomed comments and concerns and always offered an opportunity for local resolution in the first instance.
- There were two complaints made in the last twelve months before the inspection. The manager gave an

Access and flow

- We observed that patients were seen promptly and were able to book their next available appointment. Staff told us patients were seen promptly following their booking or referral, and there were no waiting lists.
- There were no cancellations in the last 12 months prior to our onsite inspection, and patients could be booked onto a clinic list at a short notice, which was normally within 24 hours after their initial consultation and pre-assessment.

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example of how it responded to complaints. This showed the patient's concerns were reviewed and responded to in line with the service policy. This also showed patients could be confident a complaint would be acknowledged and treated fairly, politely and with respect.

- Patients we talked with were confident they could raise a comment or make a complaint if needed.
- Patient experience questionnaires were offered to patients who had the option of completing these forms before they left the clinic. Patient questionnaires were managed and analysed by a third party, with reports produced quarterly to identify themes for shared learning across the organisation.
- There was evidence that all patient feedback was considered at the governance and management committee meetings.

Are surgery services well-led?

Good 

Leadership

- DHI International Limited formed part of the wider DHI Global Company which was led by the company founder. Whilst the founder retained overall accountability for the service, they were supported by a medical director for clinical services and the clinic manager, who was also the registered manager for the location. In addition, the service was supported by a clinical governance lead and global medical director.
- Individuals at a senior management level had the skills, knowledge and attributes required to operate an effective service. The leadership team had invested in key individuals to ensure the leadership team were suitably competent and experienced. The clinic manager was clear about the challenges the organisation faced, and could describe the actions taken to overcome such challenges.
- Staff reported the leadership team as being both visible and approachable, operating an "open door policy". Daily senior management teleconference meetings

included of all heads of department working across the DHI Group. These daily meetings ensured good communication of risks, concerns or operational challenges.

- We saw that staff had effective working relationships with staff from DHI Global company, we were told of a positive and inclusive working relationship with all DHI Global staff, this meant local leadership could seek support from corporate leadership.

Vision and strategy

- All the staff we spoke with were aware of the vision, strategy and values of the organisation.
- Staff had a clear vision for the service and were aware of the overall vision of the corporate organisation (DHI Global Company). The vision was 'to change the world of hair restoration', and the mission was 'to contribute to the health and well-being of all patients suffering from hair loss and scalp disorders worldwide through research, education and innovative treatment'. The vision and mission was delivered through a set of seven values namely; education, innovation, reliability, transparency, efficiency, care and faith in service.
- The DHI Group founder explained the business model the company adopted and described the future strategy of the organisation. This included the development of new business ventures whilst also building on existing relationships between the service, the doctors and their international operations. It was clear the management team were committed to developing a centre of excellence in hair transplant.

Culture

- Staff were open with the inspection team about their experience working at the service. It was apparent that learning from incidents and developing a culture focused on patient safety was a clear priority for the service. Staff considered the reporting of incidents as being an opportunity to improve both patient safety and experience, rather than a means to attribute blame. Individuals acknowledged the need to be accountable for their actions, but also recognised and appreciated the willingness of the service to support individuals when things went wrong.
- Staff reported that they felt quality and sustainability worked in equal partnership with one another. Whilst

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there was regard for financial effectiveness, staff did not feel that this was at the sacrifice of quality, safety, or patient experience. Staff gave examples of when the location had remained open to ensure a patient could be seen, to prioritise patient care and quality of service.

- The service had a whistleblowing policy and duty of candour policy which supported staff to be open and honest. All the staff we spoke with were aware of this policy and we saw a signature sheet to confirm that they have read the policy.
- From our interactions and observations of the staff, we found a cohesive, open and team oriented staff group. We saw a positive attitude being applied to all aspects of the work undertaken by the service.
- We saw the team communicated well with each other, and with patients who attended consultations and those who contacted the team via telephone.
- Managers told us that members of staff who had commitments or responsibilities outside of work, were supported where possible with flexible working arrangements and this supported a good work/life balance.
- All staff were aware of the need to be open, honest and transparent with patients. Staff felt the corporate organisation and the clinic had a culture of openness and honesty, and was open to ideas for improvement. This was noted during the inspection when we interacted with the manager and staff of the clinic.
- All staff felt valued and told us they enjoyed working at the clinic. Throughout the inspection, we saw staff assisted each other with tasks, and responded quickly to service needs.
- Staff spoke enthusiastically about the service they provided and were proud of the facilities they worked in and the care they could offer to patients.

Governance

- There was an effective governance framework to support the delivery of the strategy and good quality care. The service undertook several quality audits, reports from these audits assisted the service in driving improvements. Managers developed action plans which identified how, when and where things needed to be improved.

- Governance arrangements including the governance framework supported the delivery of good quality care. For example, complaints, patient safety alerts and incidents were discussed at the team meetings and were shared with staff.
- Governance meetings were held quarterly and minutes were recorded from these meetings. The medical director was the governance lead, and governance meetings were attended by the medical director, nursing assistant, the total care consultant (these were allied healthcare professionals who carried out initial consultation and assessment with the patients either through face to face consultation or via telephone consultation), the clinic manager and the finance director. We reviewed minutes and meeting notes, and saw there was evidence of discussions regarding incidents, complaints, policies, performance and updates from the corporate organisation. There was a standardised approach to these meetings and the minutes we looked at showed actions were reviewed appropriately and in a timely manner.
- Performance data was routinely collected and collated to make sure the service delivered a quality service that benefited patients and provided a positive patient experience. This data was presented and challenged at the quarterly governance meetings.
- Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the service.

Managing risks, issues and performance

- There was a current risk management policy which was complemented by a range of other policies including an incident reporting policy, complaints policy, board assurance framework and corporate risk register.
- The risk register we reviewed reflected the risks we saw and identified during the inspection. The registered manager had a good oversight of the risks relevant to the service. An effective audit programme existed which ensured appropriate assurance could be escalated to the board. Risks were routinely reviewed and mitigations revisited to ensure they remained effective. Where clinical incidents had occurred, any unresolved actions which posed a potential risk were escalated to local and corporate risk registers.

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Managing information

- The service had undertaken a range of activities to ensure they complied with the General Data Protection Regulations. Patient registration forms had been revised to inform patients in detail how their personal and medical information would be used and stored. Where personal and medical information was communicated via electronic communications, the provided ensured files were encrypted, reducing the risk of information being accessible by unauthorised individuals.
- The information governance committee (IGC) was accountable to the board and provided a framework which ensured the safe and secure management of information within the organisation. The IGC met quarterly, was ratified by formal terms of reference, with minutes of each meeting being recorded and communicated to relevant persons including to the management committee.
- There were processes in place for ensuring notifiable incidents were reported to relevant external agencies. This also included the submission of data to the Private Healthcare Information Network.
- There were sufficient computers available to enable staff to access the system when required. They could access policies and resource material from their organisation's intranet.

Engagement

- The provider engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.
- Care was provided by a small and well-integrated team. This meant, staff engagement happened daily and was not formalised, other than in staff meetings.

- The service had a website for members of the public to use. This held information about the services offered and what preparation was required for the type of procedure. There was a feedback form that patients could complete regarding their experience, and contact details for the service.
- Annual corporate governance meetings called 'Masters Meetings' were held yearly at the global head office in Athens, to discuss recent development and innovations in hair transplant. The registered manager and the total care consultant attended these meetings. The outcomes and findings of these meetings were shared with staff during team meetings and through staff bulletins.

Learning, continuous improvement and innovation

- The clinic was committed to improving services by learning from incidents, promoting training, research and innovation. The clinic made use of internal and external reviews of incidents and complaints. Learning from these reviews were shared with staff throughout the DHI Global organisation to encourage improvements.
- DHI International Limited had a computer system which enabled them to manage patient services from all its locations. The computer system incorporated clinical outcomes, medical records, stock management, resource management, patient pathway tracking, management reporting as well as traditional clinic management functions.
- The provider had set up a DHI Academy where they trained internal and external staff about hair transplant, hair restoration and industry wide development on hair transplant surgery.