Tajmeel Clinic Ltd

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Inspection report

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

Ratings

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

Summary of findings

Overall summary

This was the first time we inspected the service. We rated it as requires improvement because:

- Governance processes were not effective to demonstrate oversight of patient safety and outcomes and risks were not captured. There were no written documents to show the service used evidence-based care.
- Information required to support safe recruitment processes was not all collected and reviewed in line with legislation.
- Follow up information about patients were not recorded in patients' electronic records. Patients were not always reviewed in line with their policy. The medicines given were not always recorded accurately in patients' notes.
- Staff did not always act on risk assessments in relation to mental health needs and did not maintain full contemporaneous patient records.
- Risk assessments for substances hazardous to health were not fully completed.
- There were no formal processes to ensure staff received annual appraisals.
- Information about how to make a complaint was not provided on the service's website.

However,

- The service had enough staff to care for patients and keep them safe. Staff had training in most key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well and mostly managed medicines well.
- The service monitored patient outcomes. They gave patients pain relief then they needed it and made sure staff were competent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients as required.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment. No complaints had been made to the service in the 12 months before our inspection.
- Staff were focused on the needs of patients receiving treatment and were clear about their roles and accountabilities. The service engaged well with patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	This was the first time we inspected the service. We rated it as requires improvement because: • Governance processes were not effective to demonstrate oversight of patient safety and outcomes and risks were not captured. There were no written documents to show the service used evidence-based care. • Information required to support safe recruitment processes was not all collected and reviewed in line with legislation. • Follow up information about patients were not recorded in patients' electronic records. Patients were not always reviewed in line with their policy. The medicines given were not always recorded accurately in patients' notes. • Staff did not always act on risk assessments in relation to mental health needs and did not maintain full contemporaneous patient records. • Risk assessments for substances hazardous to health were not fully completed. • There were no formal processes to ensure staff received annual appraisals. • Information about how to make a complaint was not provided on the service's website. However, • The service had enough staff to care for patients and keep them safe. Staff had training in most key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well and mostly managed medicines well. • The service monitored patient outcomes. They gave patients pain relief then they needed it and made sure staff were competent. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients as required.

Summary of findings

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment. No complaints had been made to the service in the 12 months before our inspection.
- Staff were focused on the needs of patients receiving treatment and were clear about their roles and accountabilities. The service engaged well with patients.

Summary of findings

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Summary of this inspection

Background to Tajmeel Clinic Ltd

The Tajmeel Clinic is a small private clinic offering a range of cosmetic treatments, including hair transplant, beard transplant and restoration, and cosmetic treatments. Most of these fall out of scope of regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Of the treatments carried out, only hair transplant procedures and PDO thread lift (a procedure that uses dissolvable sutures to rejuvenate and lift sagging skin) fall into scope of CQC regulation. The service is registered with CQC to carry out the regulated activity of surgical procedures.

The clinic accepts self-referrals and provides privately funded cosmetic and hair transplant procedures by appointment.

Activity (1 May 2021 and 30 April 2022)

The service had carried out:

- 28 hair transplant procedures and
- 21 PDO lifts (procedure that uses dissolvable sutures to tighten and reposition sagging skin)

There was one surgeon and a technician employed by the clinic. In addition, a registered nurse provided support with surgical hair transplant procedures when required to assist.

There is a registered manager, who is also the owner of Tajmeel Clinic Ltd. The service was registered with the Care Quality Commission (CQC) in 2019. This was the first inspection we carried out for this provider and at this location. The location is registered with CQC to provide surgical procedures for adults.

The service had not reported any never events or serious patient safety incidents, including surgical wound infections in the 12 months before our inspection.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We announced the inspection two weeks before we attended to ensure the clinic would be open as it operated on a 'by appointment' only basis.

One inspector and one specialist advisor carried out an onsite visit on 3 May 2022. During the inspection, we spoke with the registered manager and a technician, and reviewed the clinic environment, policies and procedures and looked at five patient records. We returned to the service on 19 May 2022 for a short visit to clarify some of the evidence we had collected.

Following the onsite visit, we reviewed information and data about the service and spoke with five clients who had received treatment from the provider.

The inspection was overseen by the Head of Hospital Inspection Catherine Campbell.

Summary of this inspection

Areas for improvement

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

Action the service MUST take to improve:

- The service must have effective systems to assess, monitor and improve the quality, safety and risks of the services provided in the carrying on of the regulated activity. There was no formal risk register to demonstrate potential clinical risks or risks to the service, setting out mitigating actions to reduce these. There was no process to ensure policies were dated, referenced and version controlled to demonstrate they were reviewed regularly and reflected current and up-to-date national guidance. There was little evidence to demonstrate how patient outcomes were monitored. (Regulation 17 (2) (a) (b))
- The service must have an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided. Follow up information about patients was not always recorded in patients' electronic records. (Regulation 17 (2) (c))
- The service must ensure all required information is held in respect of persons employed or appointed for the purposes of a regulated activity. The service did not hold all information as required. (Regulation 19 (3))

Action the service SHOULD take to improve:

- The service should ensure complete in full the risk assessments to meet the requirements for the safe management of substances hazardous to health. (Regulation 17(2)(b))
- The service should ensure develop a formal process to carry out annual appraisals with staff to support development. (Regulation 18(2)(a))
- The surgeon should write all required information is written on medicines dispensed in line with the Human Medicines Regulations (2012), including patient name, name and address if the issuing doctor, date of supply, directions for use of the medicine and precautions associated with that medicine. The surgeon should embed the use of a new template to document accurately the medicines administered to patients during hair transplant procedures.
- The service should consider processes to demonstrate how patient assessments are considered for onward referral to support patients with mental health needs as required.
- The service should explore opportunities to establish networks and peer supervision to access support and advice to meet patient needs, including psychological needs.
- The service should consider how follow up appointments are carried out to comply with its policy.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Surgery

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

Are Surgery safe?

Requires Improvement

This was the first time we inspected the service. We rated it as requires improvement.

Mandatory training

The service provided most mandatory training subjects in key skills to all staff but did not check when it was completed.

Staff completed mandatory training and regular refresher training by completing e-learning modules in key topics such as basic life support, infection prevention and control and fire training.

However, staff did not receive mandatory training in the Mental Capacity Act and not all staff had completed equality and diversity training.

There was limited oversight of compliance with mandatory training and there was no written policy to set out what the requirements were such as which modules should be completed and how often.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had training on how to recognise and report abuse. The policy for safeguarding required updating.

Most staff receiving and completed online training in adult safeguarding and child protection at a level appropriate to their role. The registered manager had completed adult safeguarding and child protection training at level 2. However, the technician had not completed any child protection training as recommended in national guidance such as 'Safeguarding Children and Young People: roles and competencies for healthcare staff (2021)'.

The registered manager knew how to identify adults and children at risk of, or suffering, significant harm including individuals who may be subject to human trafficking. There was a safeguarding policy although it was not dated. The policy included information about escalation of concerns to the police, community health services or children's services. However, the recommended route to escalate safeguarding concerns to the local authority was not included on in the policy.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, the service offered treatment to patients from the transgender community.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. They kept equipment and the premises visibly clean. Staff used equipment and control measures to protect patients, themselves and others from infection, although some equipment and its use did not follow national guidance and some risk assessments were not completed.

The clinic was visibly clean and had suitable furnishings which were clean and well-maintained.

Staff kept comprehensive cleaning records documenting each time the clinic had been cleaned, including between patients and when it was deep cleaned. We did not find any dust in hard to reach places. However, staff did not have access to different coloured buckets and mops for effective cleaning of different areas but used the same bucket and re-useable mophead for all cleaning. The mophead was washed in the washing machine after each use. This was not in line with national guidance for effective cleaning of health care locations which recommends the use of disposable mop heads. When we returned, the service had purchased new buckets in different colours and disposable mop heads although we were not fully assured staff understood the importance of using different cleaning equipment for different areas.

Staff used records to identify how well the service prevented infections. There were specific COVID-19 policies and procedures to minimise the risk of transmission of COVID-19 during the pandemic. A specific risk assessment had been completed to assess and mitigate risks of transmission of COVID-19. Records showed staff had tested weekly between October 2021 and February 2022. Precautions had been relaxed in line with public national guidance and patients and staff were no longer required to wear masks in the clinic.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to a good standard of PPE during cosmetic surgery procedures.

Staff cleaned equipment after patient contact. Staff used single use disposable surgical instruments wherever possible. They followed processes for sterilisation of equipment when this was needed. All cleaning and sterilisation products were stored securely in a locked cupboard.

Staff worked effectively to prevent, identify and treat surgical site infections. The service had not reported any surgical site infections in the 12 months before our inspection. All patients who received a hair transplant or PDO lift (procedure that uses dissolvable sutures to tighten and reposition sagging skin) were prescribed a three-day course of antibiotics to prevent surgical site infections.

Risk assessments for all substances hazardous to health were not completed for all hazardous solutions kept on site for cleaning and sterilisation purposes. The risk assessment template was not completed as it was intended as only page one of the three page template had been populated and the form was not signed and dated. Following the inspection, we received a further risk assessment, but this also appeared to be only completed in part (the first page) with no control measures clearly identified.

Requires Improvement

Surgery

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The design of the environment mostly followed national guidance. There were two clinical procedure rooms in the clinic but only the larger clinic room was used for cosmetic surgery procedures (hair transplant and PDO lifts). This room was large enough to fit the patient chair and to enable two members of staff to work safely at the same time. There was a patient waiting area and a patient toilet.

The surgeon had carried out a fire risk assessment for the whole property, including the Tajmeel Clinic. Fire escape routes were clearly signposted, a fire extinguisher was available and fire alarms were tested monthly.

The service had enough suitable equipment to help them to safely care for patients. Staff used single use equipment and consumables where possible. Those we checked were of good quality and within their expiry date.

The service had an autoclave which was mostly used to sterilise stainless trays used to hold equipment used for PDO lifts. The autoclave had been serviced and maintained and records showed portable appliance testing had been completed annually for electrical equipment in the clinic in December 2021.

The service had an ultrasonic machine which staff used to clean some reusable equipment such as the handles used to hold punch needles used in hair transplant procedures. The ultrasonic machine was maintained and serviced.

There were mirrors for patients in line with national guidance so they could assess the immediate impact of treatment.

Staff disposed of clinical waste safely. There was a separate bin for clinical waste. The service had a service level agreement for the collection of clinical waste which was stored securely in locked waste disposal bins outside the clinic. There was secure access only to prevent unauthorised people to enter the area. Arrangements with a third-party provider for waste collection, including clinical waste, was managed effectively in accordance with the service level agreement.

Assessing and responding to patient risk

Actions were not always followed up when risk assessments indicated patients may need further support. The service did not use any World Health Organisation (WHO) surgical safety checklists for patients to prevent or avoid serious harm to patients.

Onward referral was not always completed if a risk assessment suggested the patient would benefit from further support. We reviewed the notes of one patient where the psychological risk assessment suggested a further review should be carried out. There were no referral processes for onward referral including to the patient's GPs unless consent was obtained. However, the surgeon completed risk assessments for each patient when they attended for a pre-procedure consultation. This included risks around allergies, previous medical history and a more in-depth assessment of patients' psychological wellbeing.

Staff did not use a surgical safety checklist (WHO) to prevent or avoid serious harm to patients such as wrong side surgery. The surgeon told us this was not required as there was no risk of wrong side surgery and they did not carry out any invasive procedures. However, the service had a checklist which was used to ensure the correct equipment was set up for the procedures.

Requires Improvement

Surgery

Staff knew how to identify and quickly act upon patients at risk of deterioration. There were two members of staff (the surgeon and the technician) present when cosmetic surgery procedures were carried out. Staff had received the appropriate level of life support training. In a clinical emergency, staff told us they would ring the emergency services for assistance and transfer to an NHS facility. There were no written emergency protocols in the event of a severe allergic reaction.However, the surgeon was clear about actions to take in the event of a clinical emergency.

Patients received 'post care instructions following hair transplant' procedures but this did not include information about who to contact in the event of suspected complications. However, the surgeon explained patients were asked to contact the clinic if they had any concerns. We saw text messages that confirmed patients used this method to contact the clinic.

There was no formal policy describing patients who would be excluded from receiving treatment at the clinic, including young people under 18 years of age and patients with a latex allergy. However, the surgeon was clear about who they could provide safe treatment for, how to meet patients' expectations, and they showed us a list of absolute or relative conditions that would exclude patients from receiving treatment at the clinic.

Staffing

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

The service employed one surgeon and one technician. If they were not available, appointments would be cancelled and rescheduled as soon as possible. Occasionally an agency nurse would be used for complex or prolonged hair transplant procedures, but this was rarely required. The bank nurse worked alongside the surgeon for the duration of the shift and had received a brief induction to the service when they first started working for the service.

Records

Staff kept records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care. However, records were not always fully completed or accurately recorded.

We reviewed five patient records and found information was not always fully recorded. Information about any follow up was not recorded in the patient records but was stored on the surgeon's mobile phone as text messages. This did not ensure there was a contemporaneous record of all care delivered for patients.

Patients were provided with a contact number for any questions or concerns they may have following the procedure. This was often managed through telephone texting and these conversations were not recorded in the electronic patient record.

The surgeon used an electronic patient record system to record and store information about patients. Computers were password protected.

Medicines

Medicines records were not always accurately completed but processes to prescribe and supply medicines were safe and followed national legislation.

The surgeon did not always accurately record the total amount of local anaesthesia they administered because they did not take into account the slightly different preparations they used. We discussed this with the surgeon at the time of our inspection. When we returned, action had been taken to ensure medicines were accurately recorded in patient records by using a specific template to show the different preparations used.

Requires Improvement

Surgery

Staff stored and managed all medicines and prescribing documents safely. There were effective processes to purchase medicines and to account for all medicines purchased and supplied to patients. All medicines we checked were within their expiry date and stored in a locked medicines cupboard.

There was a small oxygen cylinder on site for use in clinical emergencies. The packaging was intact, but we could not see an expiry date on the cannister.

Staff learned from medicine safety alerts and incidents to improve practice.

Incidents

The service had processes to record patient safety incidents. The surgeon would investigate incidents should they arise to reflect on lessons learnt. The surgeon was aware of duty of candour responsibilities. There had not been any reported incidents in the 12 months before our inspection or since the service opened.

The surgeon was aware of what incidents to report and how to report them. There had not been any serious incidents, including never events, in the 12 months before our inspection or since the service opened. There was an incident reporting form which did not have any recorded incidents. The form provided reminders of what to assess if incidents were required to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. We could not review any incidents investigations records as there had been no incidents that required an investigation.

The surgeon understood the duty of candour. They knew to be open and transparent and gave patients a full explanation if and when things went wrong. The surgeon explained there had never been an incident where duty of candour applied since the service opened.

If an incident should occur, the process was for staff to meet to discuss the feedback and look at improvements to patient care. A brief log of team meetings between the surgeon and the technician confirmed incidents were considered for discussion and showed there had not been any incidents reported.

Are Surgery effective?

Good

This was the first time we inspected the service. We rated it as good.

Evidence-based care and treatment

The surgeon took part in continuous professional development activities to ensure treatment followed current evidence-based practice. However, the service did not have any written procedure guidelines for surgical procedures.

There was a brief 'consultation/operating procedure' document but we did not see any written procedure guidelines in line National Safety Standards for Invasive Procedures (NHS Improvement, 2015). We saw there was a written process guidance for sterilisation of instruments. However, this was not referenced to show the process was compliant with current national guidance and did not include information about the sterilisation solutions used.

There were a number of policies relevant to the service such as infection control and decontamination policy and procedure, needle stick policy and a premises safety policy. However, most of the policies were not dated and did not include a date for review to ensure they were in line with current national guidance.

There were no established processes to ensure medical safety alerts would be received although the surgeon was confident, they would be told if there were any issue with the medicines they purchased.

Nutrition and hydration

Staff provided food and drink if required.

Staff provided refreshments for clients who received treatment at the location. Staff offered hot and cold drinks and purchased light refreshments for patients if required although patients were encouraged to bring their own snacks.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Procedures were carried out using local anaesthesia. Staff told us they assessed patients were comfortable and pain free at regular intervals during the procedure.

Staff prescribed, administered and recorded pain relief accurately. The surgeon prescribed and supplied patients with pain killers when they were discharged following their procedure. There were no pain escalation pathways, but patients would be advised to come back to the clinic for a review if required. If stronger pain killers were needed, the surgeon advised patients to contact their GP.

Patient outcomes

The service monitored the effectiveness of care and treatment.

The service collected information about the number of treatments provided and about surgical site infections. Otherwise, patient outcomes were mainly reviewed based on patient feedback and photos taken before and after procedures.

Information was captured using online feedback using an application (internet search engine review linked to the service's website). Outcomes for patients reported in this way were positive and consistent.

The service did not report any adverse incidents, including surgical site infections, in the 12 months before our inspection. However, this information was based on patient feedback only. There were limited opportunities to learn if patients experienced any complications unless the patients informed the service.

Competent staff

The service made some arrangements to ensure staff were competent for their roles but this was incomplete. There was no formal process to appraise staff's work performance to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

However, the service did not collect patient outcome data in line with the Cosmetic Practice Standards Authority to demonstrate the surgeon maintained professional competence. The service offered a specific hair transplant technique

known as follicular unit transplant. The surgeon had not used this technique in the last 12 months but felt competent to continue to carry out this procedure if this was deemed the best treatment option. Records showed the surgeon had completed enough procedures to comply with requirements to obtain affiliated membership of The British Association of Hair Restoration Surgery.

The surgeon received an annual appraisal through third party arrangements. Records showed compliance with annual appraisals and revalidation requirements as set out by the General Medical Council. The surgeon completed more than the recommended annual hours of continuous professional development activity in line with national guidance.

There was no formal process to record support given to staff to develop through yearly, constructive appraisals of their work. However, if any training needs were identified and discussed, staff were given the time and opportunity to develop their skills and knowledge.

Multidisciplinary working

The surgeon was an affiliated member of a national association for hair restoration. However, the service did not work with other local healthcare providers to work together as a team to benefit patients.

The service did not obtain information from other healthcare professionals to inform assessment and treatment provided to patients. However, the surgeon gave examples of when they had informed patients, they could not offer them any treatment that would benefit their condition.

The service did not refer patients for mental health assessments when risk assessments showed signs of mental ill health, depression or signs of body dysmorphia disorder (a mental health condition where concerns about appearance gets in the way of the ability to live normally).

There was no established network working with other healthcare professionals to provide support and advice about care of patients with specific needs such as psychological needs. This was not in line with national guidance as set out in the Professional Standards for Cosmetic Surgery (2016).

Health promotion

Staff gave patients practical support and advice regarding their procedures.

Patients received practical advice and information regarding aftercare following their procedures. For example, an information leaflet was given to patients following hair transplant procedures to provide practical aftercare advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The surgeon received and kept up to date with training in the Mental Capacity Act. They understood how and when to assess whether a patient had the capacity to make decisions about their care. We were told patients who lacked capacity to make informed decisions about their care would not be treated in the clinic. However, this was not formally identified as an exclusion criterion to received care and treatment.

Requires Improvement

Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded this in patients' notes. Consent processes were discussed at the consultation meeting with the patient. The consent form was online and included information about risks. Patients were asked to sign the electronic consent form. This information was stored as part of the online patient documentation records.

The consent form held information about the procedure and specific detail such as the amount of grafts, fees, expectations, complications and about how the procedure was performed.

Are Surgery caring?

Good

This was the first time we inspected the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential.

There was no chaperone policy, but staff and patients told us both the surgeon and technician were present during cosmetic surgery procedures.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients help, emotional support and advice when they needed it. The surgeon gave examples of how patients had been supported with an additional appointment for hair washing following the procedure because they had expressed concern about washing their hair following a hair transplant procedure.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. Staff talked to patients in a way they could understand. Patients could give feedback on the service and their treatment and staff supported them to do this. Patients we spoke with gave positive feedback about the service.

Are Surgery responsive?

Requires Improvement

Surgery

Good

This was the first time we inspected this service. We rated it as good.

Service delivery to meet the needs of local people

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

The service planned and organised services, so they met the needs of patients. Consultations were by appointment only and meant patients could see the surgeon at a time to suit them.

Initial consultations were given free to enable potential patients to discuss their options. The conversation rate to actual procedures was described as low but the service did not monitor this. The surgeon stated it was important to enable conversations about offers available and to ensure expectations were realistic to meet patients' needs.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. However, the service did not have a translation service and not all staff had updated equality and diversity training.

The clinic was located on the ground floor and accessible for people who had a physical disability. Information about procedures offered by the clinic was available on the clinic's website. However, the service did not have processes to provide translation services, but we were told this had not been required to meet the needs of patient so far. Records showed that not all staff received mandatory training on equality and diversity.

Access and flow

People could access the service when they needed it and received the right care in a timely way. However, the follow-up appointments did not meet the service's frequency in its written procedure.

Patients could access the service when they needed it and did not have to wait long for an appointment. All procedures were elective, and patients were able to choose a time that suited their preferred dates.

The service arranged for follow up appointments after hair transplant procedures. The surgeon used a procedure logbook to keep track of when patients were due for follow up appointments. If patients did not turn up for their follow up appointment, the surgeon would send them a text message or call them. Patients we spoke with told us they received follow up appointments after five to six weeks and after six months. These appointments were carried out by telephone with photos shared by the patient to support the review and evaluate the outcome. However, patients were also welcomed to attend face-to-face follow up appointments if they preferred this option. However, the frequency of appointments was not in line with a 'consultation procedure document' (dated 28 March 2022), which stated patients would have follow ups after two weeks, six weeks, three months, six months and after one year, and as required by the patient.

The service kept the number of cancelled treatments to a minimum. When patients had their treatments cancelled at the last minute, the surgeon made sure they were rearranged as soon as possible and within national targets and guidance. There had been one cancelled appointment in the 12 months before our inspection.

Requires Improvement

Surgery

Learning from complaints and concerns

It was easy for people to give feedback about care received.

The service had no complaints in 12 months before our inspection. The service's website offered an opportunity to provide feedback or send a message to the clinic manager. The service clearly displayed information about how to raise a concern in the patient waiting area. However, information about how to make a complaint was not available on the clinic's website.

There was a short complaints policy which set out a two-stage complaint handling process. However, the policy had inaccurate information about how to escalate a complaint to the independent body set up to review individuals' complaints in the private healthcare sector. We told the surgeon this information was incorrect on the day of our inspection and they took an action to change to policy to accurately include information about the Independent Sector Complaints Adjudication Service.

Staff understood the policy on complaints and knew how to handle them. The policy set out timeframes for timely investigation and responses to be shared with patients who made a complaint. However, because the policy included inaccurate information about how complaints could be escalated, this information had not been shared effectively with patients.

Are Surgery well-led?

Requires Improvement

This was the first time we inspected the service. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the challenges and issues the service faced. They were visible and approachable in the service for patients and staff.

There was one director of the company. In addition, there was a company secretary who supported the director with administrative responsibilities.

The service was led by the surgeon who had the clinical skills, knowledge and experience to provide the care and treatment the service offered. They understood the challenges to the sustainability of the service. They were visible and approachable to other staff and patients.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with relevant stakeholders. The vision and strategy were focused on sustainability of services.

The service had a vision to expand their services through partnership working and there was a realistic strategy to achieve this.

There were no set values for the organisation but the intention to provide high quality treatment to meet the expectations of patients were documented on the clinic's website.

Requires Improvement

Surgery

Culture

The service promoted equality and diversity in daily work.

The service was inclusive and open to all adults including those with protected characteristics.

Staff were focused on the needs of patients receiving care delivered to meet their expectations. There was an open culture where the surgeon offered free consultations with patients to discuss treatment options and realistic outcomes. The surgeon gave examples of advice given to patients where their preferred option would not meet their expectation or was not suitable for their specific condition. Patients we spoke with, had confidence in the surgeon and their opinion about their treatment. Patients stated the surgeon was 'not a salesman', meaning they did not feel under any pressure to go ahead with treatment if they were not sure.

Governance

Governance systems were not always effective to review performance and identify service improvement. Required information for safe recruitment was not consistently obtained. However, staff were clear about their roles and accountabilities and had regular opportunities to meet.

There was a lack of processes to review the service's performance in terms of safety and quality.

Team meetings had been held every month from October 2021 to April 2022. There were no minutes of meetings, but the list of meetings included statements that there had been no incidents, complaints or infections for discussion. No other information was minuted on the list of meetings held.

Employment procedure and information required for safe recruitment of staff did not meet the requirements as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there were no references for the technician, no photo identification, no health declaration and there was not a full employment history with explanation of any gaps in employment. Evidence of a Disclosure and Barring Service Check was not included in the electronic folder although a paper copy was available. This certificate was not stored securely and could compromise data protection requirements. Following the inspection, the registered manager took immediate action to obtain references for the technician.

There was only one director for the company which was the owner. Electronic information held to provide evidence of being a fit and proper person for this position was not in line with the requirements under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was not a full employment history.

There were scheduled audits, but it was not clear how audit outcomes were reviewed and used to improve practice. However, all audits demonstrated 100% compliance with fire alarm testing, cleaning and drug checks. The service also logged complaints, incidents and infections each month and records showed there had not been any reported incidents, complaints or infections in the last 12 months. There was an audit plan which listed six audits. However, there was no clear system to clearly show how often audits should be carried out, or of any actions taken to make improvements and how this fed into governance oversight of the service.

Staff we spoke with were clear about their roles and responsibilities.

The service held indemnity insurance as required.

Requires Improvement

Surgery

Management of risk, issues and performance

There were limited systems to manage performance and risks.

The surgeon discussed challenges and opportunities for the business. However, there was no formal risk register or established methods to review mitigating actions to minimise risks. Potential risks to quality and sustainability of the service were not registered formally as risks.

Information Management

The service collected only limited data. However, the information systems used were secure.

The surgeon collected patient care episode information so that the requirements to keep a logbook were met. This data was used by the surgeon in his professional appraisals to demonstrate the treatments and outcomes of the surgical procedures.

There was limited recording of minutes of meetings to make a judgement if information about care and treatment was used to drive improvement.

The system used a range of electronic and paper records for recording information. There was a plan to develop and improve auditing and recording systems using electronic records.

The service did not submit any data externally or had a reason to submit any notifications externally in the 12 months before our inspection.

Engagement

Staff actively and openly engaged with patients to plan and manage services.

Feedback from patients was gathered using an electronic web-based tool. Patients told us they were encouraged to leave reviews on a web-based tool linked to the service's website. The service did not collect any feedback using feedback questionnaires following treatment.

The surgeon engaged with patients to ensure their views and expectations were reflected in the planning and delivery of services. The service treated people from a range of equality groups and those with a protected characteristic.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

Staff demonstrated continuous learning and attended relevant courses to improve services.

The surgeon was an affiliated member of the British Association of Hair Restoration and required a minimum number of hours dedicated to continuous professional development to maintain the membership each year. The surgeon completed online training and attended national and international conferences about hair restoration.

There was limited participation in learning from internal and external reviews. There had not been any serious clinical incidents or complaints which had been reviewed to identify learning. However, through discussion, it was apparent the surgeon was aware of the benefits of an external review to identify learning.