

HGC Romford Limited

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Inspection report

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Date of inspection visit: 17 May 2023
Date of publication: 16/06/2023

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- 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, families and carers.
- 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 too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Our rating of this service improved. We rated this service as good because it was safe, effective, caring, responsive and well led. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to HGC Romford Limited

HGC Romford Limited is an independent service providing hair transplant treatment to adults. The service uses a follicular unit extraction transplant technique under local anaesthetic. Patients can self-refer or be referred through a secondary brokerage company. The clinic is centrally located on the high street and operational from Monday to Saturday.

The service has been registered with CQC since September 2019 to provide regulated activities of surgical procedures and treatment of disease, disorder or injury. The main surgeon was also the registered manager and had been in post since registration.

How we carried out this inspection

We carried out an unannounced comprehensive inspection on 17 May 2023. Our team consisted of two CQC inspectors. We visited all parts of the service including treatment rooms. We spoke with both patients who were on site at the time of our visit. We interviewed key senior members of staff and spoke with staff of all grades. We reviewed records and documentation on site and requested further documents following our visit.

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






Our findings

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 

Is the service safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

Mandatory training was digitally recorded and staff were notified when training was up for renewal. Training compliance was at 100%. Staff we spoke with confirmed they were up to date with their mandatory training. They could access the online training via the staff portal, and they received electronic notifications to remind them to complete their refresher training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff completed safeguarding adults and children training up to level 2. The registered manager was trained to level 4 with external level 5 advice available. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Surgery

The premises were visibly clean and had suitable furnishings which were visibly clean and well-maintained. All the rooms were checked for hygiene and cleanliness daily. Rooms were cleaned after each patient and on a daily basis. Records demonstrated that deep cleaning took place on a weekly basis.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service had a separate decontamination room with an autoclave. Each treatment room had a dirty and clean sink. Instruments and petri dishes were cleaned there before transferring to the decontamination room. The petri dishes were sterilised overnight, and the instruments were sterilised in pouches first thing each morning. The autoclave produced a printout of each procedure for audit purposes.

Staff followed infection control principles, including the use of personal protective equipment (PPE). We saw handwashing posters by each sink and hand sanitiser dispensers alongside at other locations in the reception area. We saw staff using personal protective equipment such as masks and disposable aprons in the treatment rooms.

Staff worked effectively to prevent, identify and treat necrosis, a common infection from hair transplant surgery. There was an infection rate of 2.9% in 2022, which compared favourably with benchmarked sites. Data and findings were reviewed in quarterly clinical audit meetings attended by all clinical staff and actions were taken to reduce complications.

There was a service level agreement for clinical waste collection, including sharps bins which were available in each treatment room. Sharps bins were correctly labelled. Clinical waste was bagged at the end of each day and transferred by staff to the locked and secure external bin. The clinical waste was then collected on a regular basis under contract.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

The service had suitable facilities to meet the needs of patients. The environment and furniture were suitable for the procedures conducted and were well maintained. The air conditioning units within the treatment rooms were fed fresh air from outside the building ensuring a regular change of air during the procedures. The shared reception area was well appointed and displayed posters and information sheets on the treatments provided. A new coded lock had been fitted to prevent unauthorised access to the clinical rooms via the stairs or the reception area.

The service had enough suitable equipment to help them to safely care for patients. Service level agreements ensured the servicing and maintenance of all equipment including autoclaves. Records showed servicing was up to date. The clinic had a first aid kit, emergency medicine kit containing items such as anaphylactic shock 'epipens', and an automatic defibrillator. The clinic had a separate locked Control of Substances Hazardous to Health (COSHH) cupboard where certain disinfectants and other cleaning products were stored.

Staff carried out daily safety checks of specialist equipment. Fire risk assessment by consultants had recently taken place. Fire extinguisher and fire marshal training had taken place. Doors were locked but easy to open. Evacuation routes were clear of obstructions. Fire alarms were now located in each room and were regularly tested. Fire drills took place each month.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Surgery

Staff completed risk assessments for each patient and reviewed this regularly. Staff knew about and dealt with any specific risk issues. Patients completed a pre-assessment health check and could also add to the form via the online patient portal. Staff took regular blood pressure readings from patients throughout the procedure. They were aware of the likely times patients may feel light-headed or faint and spoke to them or offered drinks at such times.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The surgery safety checklist was on the treatment room wall for both patients who were having transplants on the day of our inspection. We noted times and amounts of anaesthetic were noted on the checklist, as well as the patient's details and other relevant information. All staff had completed basic life support as part of their mandatory training and the transplant surgeon was always available. If a patient became seriously unwell the protocol was to call an ambulance via the 999 system.

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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number of staff needed for each shift. There were enough technicians employed by the service to safely manage each patient's treatment. Staff we spoke with confirmed what the registered manager told us about the induction procedure including observation of practice and increasing the amount of responsibility alongside experience and competency.

Remedial employment checks had been completed. Records demonstrated suitable checks were in place including identification, right to work, vaccination status and Disclosure and Barring Service checks. It was reported that one member of staff was dismissed because they could not produce adequate documentation. Character references were now gathered for all employees where it is their first job. There was one doctor with practising privileges and records showed suitable checks were in place.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely. All records were digital, and staff had their own secure log in.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up-to-date. All medicines were securely stored in locked cupboards. Fridges storing local anaesthesia were locked, secure and temperature monitored. The doctor could prescribe and administer anti-biotics or pain tablets as required. Each treatment room had a locked medicine cupboard. Keys were kept in a key-safe inside another cupboard within the clinical area. All medicine cupboards had a digital temperature display which was logged daily. We checked the medicines and all were in date.

There was a contract in place with a local pharmacist for supplies only. Audits were carried out by the service and reviewed in governance meetings.

Surgery

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with policy. Staff we spoke with knew how to report incidents and what type of incident to report. Three staff gave examples of incidents they had reported. Staff understood the duty of candour. They were open and transparent and gave patients a full explanation if things went wrong.

Staff received feedback from investigation of incidents. Staff met to discuss the feedback and look at improvements to patient care. Incident reporting templates were accessible to all staff through the online portal. Incidents were reviewed in governance meetings for themes and issues.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All policies had been updated within the last six months and were available on the staff portal. Clinical staff followed the 'Guidance for doctors who offered cosmetic interventions'. Treatment was informed by individual assessment and relevant medical history. Staff had a good understanding of the psychosocial impact of hair growth treatment and patients' wellbeing. Staff ensured patients' expectations about outcomes were realistic.

Nutrition and hydration

Staff gave patients enough food and drink. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink. Patients were asked to avoid caffeine and smoking leading up to the transplant but were not required to adhere to a fasting regime before treatment. Patients took breaks during the procedure to drink and eat. Patients were offered a choice of lunch options when they arrived at the clinic and accommodated individual dietary requirements.

Pain relief

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

Staff monitored patient's pain and gave pain relief in line with individual needs. Patients were given standard pain controlling medicines during treatment and on discharge. Staff prescribed, administered and recorded pain relief accurately.

Surgery

Patient outcomes

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

Outcomes for patients were positive and met expectations. Managers used results of treatment to improve patients' outcomes. Improvement was checked and monitored. Post treatment photographs were used to monitor outcomes and benchmarked against other hair growth practices. Outcomes were reviewed in quarterly staff meetings for improvement. Patients were contacted a few days after surgery, six months post-procedure and after 12 months to monitor outcomes and queries.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. One day a month was dedicated to learning and training. Modules for specialist training met the needs of the service. Each module was accompanied by an exam and practical competency testing. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. The information system flagged when appraisals were due. Each appraisal reviewed staff competencies in key skills.

Medical staff had regular, constructive clinical supervision of their work. Practice appraisal and revalidation was in line with the requirements of the General Medical Council. Responsible officers supported them with maintaining and improving their practice.

Multidisciplinary working

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff worked effectively across the multidisciplinary team with their colleagues. Patients were asked whether they consented for their information to be shared with their GPs.

Seven-day services

Key services were available to support timely patient care.

Patients could contact the service during their regular opening times on weekdays for advice and support after their surgery. Staff accommodated patients' individual preferences when they booked appointments. Patients could contact the service out of hours for post treatment advice.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Surgery

Staff assessed each patient's health that included practical support and advice to lead healthier lives and for healthier hair and scalp, including nutrition, exercise and smoking. Patients were given access to the patient portal which contained similar advice. They advised patients of the negative impact of smoking on the hair transplant procedure, infection and regrowth. Staff told us some patients used the opportunity of the procedure to quit smoking altogether.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. A full consent form and comprehensive information about treatment was provided via the online patient portal for patients to read. The consent process included the doctor explaining the procedure, the assessment process and signing on the day of treatment after a conversation to ensure the patient was fully informed. The clinic had links with a translation service for those patients whose first language was not English.

Is the service caring?

Good 

Our rating of caring stayed the same. 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 and those close to them in a respectful and considerate way. We observed staff treating patients in a caring manner. Staff we spoke with understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients' needs. Patients we spoke with on the day told us they had been treated with kindness. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported anxious or nervous patients. Staff undertook training in managing patient relationships. 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.

Surgery

Staff made sure patients and those close to them understood their care and treatment. Patients could give feedback on the service and their treatment and staff supported them to do this. Following treatment, patients were asked about their care; on the day of surgery, the quality of aftercare and the quality of information available on the patient portal. Ratings were between 94 and 100% positive. Engagement with patients was used to plan and manage services. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service. Feedback left by patients reviewing doctors' practice online was mostly positive. The service told us that a reasonable proportion of their work came from recommendations of family and friends.

Is the service responsive?

Good 

Our rating of responsive improved. 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 local people and the communities served.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. The service sent patients text messages to confirm attendance. If this was not confirmed by the patient a follow up call was made. There was a low number of cancellations and 'no shows' for both initial consultation and treatments. Reasons for cancellations were monitored and information used to improve the service.

Managers planned and organised services so they met the needs of the local people. Patients were referred either by a co-located brokerage or recommended by friends and family. Costs and types of treatment were clearly stated in literature and contracts.

Facilities and premises were appropriate for the services being delivered. The location was on a pedestrianised section of the high street and clearly signed. However, the location of the treatment rooms on the second floor was not suitable for disabled wheelchair patients. Challenges to access was explained on their website.

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.

The service had information leaflets available in languages spoken by the patients and local community. The service had a patient portal containing informative information and videos about treatment. All portal information was available in languages through the use of artificial intelligence (AI), including ones spoken by the local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service now had interpreting service available. Patients were given a choice of food and drink to meet their cultural and religious preferences.

Access and flow

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

Surgery

Managers monitored waiting times. They made sure patients could access services when needed and received treatment within agreed timeframes. Average waiting times were two weeks from the initial consultation. Treatment and consultation times were staggered to ensure minimal waiting times for patients. Managers and staff worked to make sure patients did not stay longer than they needed to. Managers and staff worked to make sure that they started discharge planning as early as possible.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The patient portal contained a comprehensive information about the service, including how to make a complaint or contact the service about any aspect of care or treatment. Patients could complain at the time of treatment, via the online patient portal, the clinic's website or take printed details from the leaflet holder on the clinical side of the reception door which explained how to complain.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff told us the clinic had an open and honest culture which meant complaints were discussed at staff meetings and any learning from those complaints implemented. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint in line with the new complaints policy. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Is the service well-led?

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Staff told us they had confidence in the leadership team. The transplant surgeon was also the CQC registered manager and was on site each day the clinic was open. The clinic manager supported them in managerial duties and supervisory roles with the clinical assistants. Since the last inspection the registered manager had employed an improvement consultant which had led to positive service development in a number of key areas and improved the skills, knowledge and experience they needed to run the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Surgery

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply it and monitor progress. Service leaders had a clear vision that sought to maintain recent service developments and improvements. Progress was discussed regularly in meetings. The vision and strategy and purpose and aims were acknowledged by all staff who signed to say they had read and agreed with the service's aims.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture.

Staff took pride in their work and the treatment they offered. They showed interest in their work and in providing the best treatment outcomes. Staff told us they felt supported, respected and valued, which is why many had remained in place for years.

Governance

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

We saw that policies were in place for key governance areas such as incident and risk management, safeguarding and management of complaints. Quarterly clinical governance meetings regularly reviewed risks, audits, feedback and clinical outcomes. Monthly staff meetings regularly reviewed complaints and issues for learning. An audit programme was in place to monitor the quality of services being provided. The audit plan included infection prevention and control measures, medication, premises and equipment.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service maintained a risk register which reflected the challenges the service faced. Risks were reviewed and updated regularly by the registered manager and reviewed at monthly meetings. The service had addressed the requirement notices we made following our last inspection in August 2022. The registered manager had good oversight of the service and understood the service's risks, quality issues and performance. The service had a fire risk assessment, fire risk evacuation procedure, fire extinguishers and smoke detectors. All staff had completed mandatory fire safety training.

Information Management

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

The registered manager took responsibility for the ownership of the organisation's information governance policies. Staff were up to date with their training in information governance as part of mandatory training. The patient portal, staff handbook and information governance policy and procedure provided comprehensive information about the principles of information governance, confidentiality and record keeping.

The provider stated that the service was registered with the Information Commissioner Office (ICO), and they told us there were no incidents that would need to be reported to ICO in the 12 months before the inspection.

Surgery

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Following treatment patients were asked about three aspects of their care; on the day of surgery, the quality of aftercare and the quality of information available on the patient portal. Ratings were between 94 and 100% positive. Free text boxes allowed patients to leave comments. The information was used to plan and manage services.

Staff completed the staff survey before their annual appraisal. It included questions on compassion, inclusivity, recognition, safety, learning, teamwork and morale. Answers were graded 1 to 10 and all responses were positive. Free text boxes allowed staff to leave comments. Information gathered was used to plan and manage services.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

A peer-to-peer consultation process with other hair transplant doctors had been established to improve techniques and infection rates. Staff we spoke with told us they were encouraged to take extra training or responsibility with a view to improve learning and promotion within the clinic.