Mapperley Park Clinic

Quality Report

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

Ratings

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Mapperley Park Clinic is operated by Lasercare Clinics (Harrogate) Limited. The service has no inpatient beds. All patients are treated on a day case basis. Facilities include two operating theatres and three consultation rooms.

The service provides cosmetic surgery and hair transplant services. We inspected surgery and hair transplant services.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 15 October 2019.

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

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

The main service provided by this service was cosmetic surgery.

Services we rate

This was the first time we inspected this service since registration. We rated it as **Good** overall.

· 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. They managed medicines well. The service managed safety incidents well and learned lessons from those internal to the service as well as external services.

· Staff provided care and treatment which compared to similar services, met patient's individual nutrition and hydration needs, 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. The service was open seven days a week and met individual requirements when needed.

· Staff treated patients with compassion and kindness, they respected their privacy and dignity, meeting their individual needs, with a patient centred culture. Staff helped them understand their conditions and become partners in their care. They provided emotional support to patients. Feedback was positive about the way they had been treated

· The services were mostly tailored to meet the individual needs of the patient and delivered in a way to ensure flexibility and choice. The service planned care to meet the needs of local people with a specific requirement for treatment. People could access the service when they needed it and did not have to wait too long for treatment. Complaints were low and were responded to in a timely manner when they arose.

· Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's mission and aligned themselves to it. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients and other professionals to plan and manage services and all staff were committed to improving services.

However, we did identify areas where improvements could be made:

· The service were unaware of patient's previous infection status.

· Documentation for admission / assessment was not complete and records were not consistently managed effectively.

· Equipment for testing blood sugars was not tested or calibrated so we could not be assured it was working correctly.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even

Summary of findings

though a regulation had not been breached, to help the service improve. We also issued the provider with a requirement notice that affected the safe domain. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Midlands Region)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the regulated activity of the service. We rated this service as good because it was effective, caring, responsive to people's needs and well-led, although it requires improvement for being safe.

Summary of findings

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Good

Mapperley Park Clinic

Services we looked at

Surgery

Summary of this inspection

Background to Mapperley Park Clinic

Mapperley Park Clinic is operated by Lasercare Clinics (Harrogate) Limited. The hospital/service opened in 2015. It is a private clinic in Nottingham, Nottinghamshire. The service primarily provides care and treatment to patients from the Nottinghamshire area, however patients could also travel from further afield to undergo treatment at this location.

The hospital has had a registered manager in post since 2015. At the time of the inspection, a new manager had recently been appointed and was in the process of being registered with the CQC.

The clinic also offers cosmetic procedures such as dermal fillers and laser hair removal. We did not inspect these services, as they are not in our remit to do so.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Julie Fraser Inspection Manager.

Information about Mapperley Park Clinic

The service is registered to provide the following regulated activities:

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

During the inspection, we visited the two clinical areas, two consultation rooms, the waiting room and the reception area. We spoke with six staff including registered nurses, reception staff and senior managers. We spoke with five patients. We also reviewed 10 patient feedback comments. During our inspection, we reviewed 10 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC in December 2015.

Activity (July 2018 to June 2019)

· In the reporting period July 2018 to June 2019. There were 1150 episodes of outpatient attendance and 5,717 recorded follow-ups for treatment at the service; of these 99% were non NHS-funded and 1% other funded.

· Six surgeons worked at the service under practising privileges.

· The service employed five registered nurses and one administrator.

Track record on safety (July 2018 to June 2019)

- Zero never events

- Clinical incidents five with no harm, three with low harm, zero with moderate harm, zero with severe harm, zero deaths, zero serious injuries.

- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

- Zero incidences of hospital acquired Clostridium difficile (c.diff)

- Zero incidences of hospital acquired E-Coli

- Eight complaints

Services accredited by a national body:

· None

Summary of this inspection

Services provided at the hospital under service level agreement:

· Histology

· Pharmacy services

· Pathology

· Clinical and or non-clinical waste removal

· Clinical cleaning

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?

Requires improvement

This was the first time we inspected this service since registration.
We rated it as **Requires improvement** because:

- The service were not aware of patient's previous infection history.
- At the time of our inspection, staff did not complete regular quality control checks on the blood glucose monitoring machine.
- Staff did not consistently complete and update risk assessments for each patient.
- The service did not use the World Health Organisation (WHO) surgical safety checklist for patients undergoing minor surgical procedures under a local anaesthetic.
- Staff did not consistently keep detailed records of patients' care and treatment.
- Records were not always clear and contained loose patient information sheets.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 identified and quickly acted upon patients at risk of deterioration.
- 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 used systems and processes to safely prescribe, administer, record and store medicines.
- 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.

Are services effective?

Good

This was the first time we inspected this service since registration.
We rated it as **Good** because:

Summary of this inspection

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs during the procedure. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and administered pain relief in a timely way.
- Staff had started to monitor the effectiveness of care and treatment. They used the preliminary findings to make improvements and achieve better outcomes for patients.
- 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.
- All staff worked together as a team to benefit patients. They supported each other to provide care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and best practice to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Are services caring?

Good

This was the first time we inspected this service since registration.
We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They cared for a diverse patient group and understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff empowered patients to become partners in their care.
- Feedback from patients was positive with words like, 'staff wonderful nothing too much trouble', 'incredibly nice', 'excellent knowledge and expertise'.

Are services responsive?

Good

This was the first time we inspected this service since registration.
We rated it as **Good** because:

Summary of this inspection

- The service planned and provided care in a way that mostly met the needs of local people and the specific patient group it served. It also worked with others in the wider system and local organisations to plan care.
- The service was proactive in their approach to meeting patients' individual needs and preferences. Staff ensured services were patient centred and specifically tailored to them. They coordinated care with other services and providers when required to ensure the patient experience met their expectations.
- People could access the service when in a way and at a time that suited them. Waiting times from initial consultation to treatment and discharge was patient directed.
- 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, however, the number of complaints was low.

However;

- Patients with restricted mobility were unable to have surgical procedures at this clinic as there was no lift access.

Are services well-led?

Good

This was the first time we inspected this service since registration. We rated it as **Good** because:

- 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.
- The service had a vision for what it wanted to achieve and a business plan to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- 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.

Summary of this inspection

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- 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.
- Leaders and staff engaged with patients, staff and other professionals to plan and manage services.
- All staff were committed to continually learning and improving services. They had an understanding of quality improvement methods and the skills to use them.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are surgery services safe?

Requires improvement

This was the first inspection of this service since registration. We rated safe as requires improvement.

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. The service currently held a 95% compliance rate for mandatory training.

Training was a mixture of electronic learning and face-to-face taught sessions. Infection control, safeguarding vulnerable adults and children, basic life support and defibrillator training were required to be conducted on an annual basis.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Mental capacity awareness training and deprivation of liberty safeguard training was also completed by all staff to help identify patients who are lacking capacity.

Managers monitored mandatory training and alerted staff when they needed to update their training. All staff held a training passport which they kept up to date. This was used by registered practitioners to assist with revalidation. It included external training record and mandatory training sign off, competency for various treatments according to grade of practitioner including practical and theoretical assessment.

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 were required to complete vulnerable adults safeguarding, safeguarding children level three training, Prevent training and female genital mutilation (FGM) training. Female Genital Mutilation/cutting is defined as the partial or total removal of the female external genitalia for non-medical reasons. Since October 2015, it is mandatory for regulated health and social care professionals to report known cases of FGM, in persons under the age of 18, to the police. There were four types of FGM which healthcare professionals were required to report.

At the time of our inspection all staff were compliant with all safeguarding training requirements.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had separate safeguarding vulnerable adults and safeguarding children policies to support staff knowledge and provide them with additional information and links to support groups and organisations if required.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding lead at the

service was the registered manager and they had received safeguarding children level three training. The registered manager could access support from within the company for level four support should it be necessary. All staff we spoke with were aware who was the safeguarding lead and would approach them if they had any concerns. One staff member provided details of a safeguarding issue which was raised and shared at a team meeting for learning purposes. The staff member was able to confidently talk about the processes followed and areas which the team at the clinic had identified as requiring further training and support on.

The service promoted safety through their recruitment processes and on-going employment checks. All staff had a Disclosure and Barring Service (DBS) check relevant to the role they were employed for.

Cleanliness, infection control and hygiene

The service mostly controlled infection risk but were unaware of patient's infection history. 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. However, as they were unaware of patient's infection history this was potentially not sufficient.

The service had no record for patients who had a previous history of MRSA or recurrent Staphylococcus aureus (SA) infections. As staff were unaware of a patient's previous infection status they were not screened or decolonised before they were accepted for treatment at the clinic. We were told that patients were not asked about previous infections. This meant that patients may be at risk of an infection post procedure. Patients who had a history of MRSA or recurrent boils or known skin infections with SA are required to be screened for Panton-Valentine Leukocidin (PVL). PVL is a toxin found within SA (PVL-SA) which makes infections more virulent. An indicator that patients may be infected with PVL-SA were recurrent skin infections. Therefore, we were not reassured that patient infection history was taken into consideration when planning care.

We observed that cleaning products used for cleaning the theatre areas post procedure were not active against multi resistant organisms. This may lead to cross infection particularly in hair transplant patients. As they are generally in the theatre for a number of hours. However, all clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Staff had cleaning procedures which they adhered to as well as cleaning equipment after patient use.

We raised this with the senior team during the inspection and were provided with an action plan. The decision was to purchase a steam cleaner for post procedures and implement staff training.

The service generally performed well for cleanliness. The service completed monthly infection prevention and control audits of the environment. Information provided by the registered manager showed monthly environment audits achieved compliance levels of 95% and above. We reviewed three audits and identified actions had been implemented following them.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were observed using appropriate PPE when providing care and treatment to patients who attended the clinic. We observed adequate amounts of PPE in all clinical areas for staff to use. All clinical staff wore disposable scrubs during surgical procedures.

Staff mostly worked effectively to prevent, identify and treat surgical site infections. Patients were reviewed post-operatively for removal of sutures and to observe for initial signs of infection. All patients were given advice leaflets after the procedure with information on how to prevent infection occurring as well as signs and symptoms of localised and systemic infections. There were no surgical site infections reported in this reporting period.

There were handwashing facilities within most areas of the clinical environment and staff had access to alcohol hand gel at point of care. However, it was noted that there was no hand washing sink in the hair splitting lab. We observed staff performing hand decontamination in accordance with the World Health Organisation (WHO) five moments for hand hygiene. We also observed hand hygiene promotional posters to support compliance with hand hygiene. The service conducted hand hygiene audits. The service also had a bare below elbow policy for staff who provided direct patient care. We observed staff adhering to this policy.

The service used single use items when conducting the surgical procedures.

The service had a Legionella risk assessment in place and the premises underwent regular water and temperature testing. The service regularly flushed all water outlets and recorded this. We observed the flushing log and found no gaps within this. All staff underwent Legionella awareness training as part of their training package.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients. The service acquired the clinic in December 2015 and the environment was generally in a good state of repair. There were toilet facilities available for all patients to use, including patients who may have accessibility issues. However, there was no lift access for patients with mobility problems to reach the second floor theatre area. The reception area and consulting rooms were spacious and the two theatres where procedures were conducted were maintained. There was storage space for the service which meant all equipment and consumable items were stored appropriately and did not present as trip hazards to patients. Monthly health and safety audits of the clinic environment were conducted to ensure the environment was as safe as possible for patients and staff.

Cleaning products were stored in line with the Control of Substances Hazardous to Health (CoSHH) Regulations. Cleaning products were stored in a locked cabinet.

Staff carried out daily safety checks of most of the specialist equipment. Where daily checks had been completed this was recorded on check sheets. However, we found that staff did not complete daily or regular checks on a designated frequency of the blood glucose monitoring equipment. Staff were unaware that devices used to check a patient's blood glucose required frequent quality control checks. We informed the registered manager about this who planned to implement daily testing and quality control checks as per manufacturers instructions.

Annual electrical safety testing and servicing was conducted by an external company. All items which required testing and servicing had evidence of in-date tests and services. We also found equipment used to fight fires also had evidence of an in-date servicing.

The service had a resuscitation equipment and oxygen stored in the theatre clean room. This was checked daily and we saw evidence of daily checks for the previous 12 months. There were several items on the resuscitation trolley that were out of date. Staff rectified this immediately. The service had a defibrillator however, it was stored downstairs in the reception. Staff we spoke with explained this was where the highest concentration of patients were. Patients undergoing a surgical procedure upstairs in the theatre with local anaesthetic were at risk of anaphylaxis. We discussed this during our inspection and the registered manager agreed an action plan to ensure the defibrillator would be with the other emergency equipment during all surgical procedures.

The service had enough suitable equipment to help them to safely care for patients. We reviewed a selection of consumable items including dressings, syringes and needles and found most of them in date. All out of date consumables were replaced during our inspection. We saw staff records which identified competency certificates for use of the equipment.

Staff disposed of clinical waste safely. We observed staff correctly segregated clinical and domestic waste. Waste bins provided for the department were enclosed and foot operated. Sharps bins were correctly assembled and below the fill line. The management and disposal of sharps and waste was completed in accordance with policy. The service maintained records on all waste collections to ensure compliance with the legislation which covers waste disposal. This also ensured the service could track any waste issues with the external company if any arose.

Assessing and responding to patient risk

Staff did not consistently complete and update risk assessments for each patient to minimise risk. However, staff were aware of how to identify and act upon patients at risk of deterioration.

Staff did not consistently complete risk assessments for each patient on admission / arrival. There was a recognised risk assessment admission document for the patient to complete prior to consultation but this was incomplete in

eight of the 10 records we reviewed. All patients who had consultations at the clinic should undergo thorough risk assessments and in-depth past medical history reviews. The records we reviewed were not completed in line with the provider policy.

Staff told us they had an inclusive policy and offered treatment to all patients. However, as documentation was not complete it was unclear if staff were always aware which patients for example were known diabetics or were immunocompromised as this could impact on healing post procedure. All patients had a baseline set of observations, such as blood pressure recorded to ensure they were of suitable health to undergo the procedure. Additional observations would be performed dependant on the patient and their condition during the procedure.

Staff provided patients with aftercare information following their procedure, which was supported by an aftercare advice leaflet. On this information leaflet was an advice line for patients to use if they had concerns during opening hours.

Patients undergoing lesion removal surgery were informed of the histology reporting timelines and when to expect results.

Staff were aware that mental wellbeing was an important aspect when reviewing patient's suitability for procedures. However, none of the records we reviewed included completed documentation relating to this. Patients did not have a psychological assessment and a hospital anxiety and depression scale (HADS) assessment completed during initial consultation. Therefore, we were not reassured that patients mental well being was considered or assessed prior to undertaken any treatment.

There was a process in place for staff to follow in the event of a deteriorating patient or medical emergency. Staff would call 999 in the event of an emergency to transfer a patient to the nearest acute NHS hospital. Staff told us they had never had to escalate a patient's care due to emergency circumstances.

The service used the World Health Organisation (WHO) surgical safety checklist for patients undergoing a hair transplant procedure. We observed the checklists within the medical notes. However, staff did not complete surgical safety checklists for any other surgical patients. Senior managers we spoke with provided us with an action plan after the inspection, which included a plan to introduce the use of surgical safety checklists in the future. There were no WHO checklist audits in the service currently as the hair transplant service had recently commenced in March 2019. Currently there is no further planned hair transplant surgery until February 2020, the service had completed three transplants at the time of our inspection.

The service had implemented local systems to ensure patient safety. These included documentation and consented photographical evidence of marking the patient's hair line for grafting to take place. However, this evidence was not consistent in the hair transplant notes we reviewed.

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 had enough staff to keep patients safe. The service directly employed a registered manager/clinic manager, five registered nurses and a receptionist. The hair technicians were all employed on a part-time basis similar to practicing privileges. The service kept records of all training and experience prior to them working in the service.

The service had low vacancy rates, low turnover rates and low sickness rates. At the time of our inspection, there was one vacancy and no long-term sickness reported at the service.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. Staff we spoke with told us the hair technicians who attended the service on days when procedures were being undertaken were mostly familiar with the service. All staff regardless of status were required to complete their induction to the service and the service's mandatory training.

The surgeon who performed the hair transplant procedures was employed full time at an alternative provider and registered with the General Medical Council (GMC). The surgeon's availability was provided to the service well in advance to enable lists to be scheduled accordingly.

Good

Surgery

The service scheduled staffing for days when procedures occurred in line with best practice as recommended by the Cosmetic Practice Standards Authority. This stated a minimum of one surgeon and two hair technicians should be available for each procedure.

Records

Staff did not always keep detailed records of patients' care and treatment. Records were inconsistent. However, records were stored securely and easily available to all staff providing care.

Patient notes we reviewed were not comprehensive. However, all staff could access them easily. The service had consultation booklets and patient operation booklets. The booklets contained all documents required for the patient journey. However, they were not consistently completed and had important information missing including patient identifiers and allergies. We also found extra notes and documents not secured to the booklets which could easily be misplaced. One set of notes contained the patients hand written address and next of kin details. This was loose in the notes and was not transcribed into the admission documentation.

We reviewed 10 sets of records and found eight were incomplete or had loose documentation.

Records were stored securely. All documentation booklets were locked away when not in use. In addition to the booklets, patients were required to have photographs taken. These items were stored electronically under a password system. If any photographs were printed, these were stored within the booklets.

The service used separate documentation for discharge information. A copy of the discharge summary was forwarded to the patient's own GP with consent from the patient. Staff told us they had not experienced any patients refusing this, as additional medication is usually required following the procedure which the GP needs to be aware of.

Following our inspection, the registered manager provided information that they had communicated to all doctors the expectations of record keeping and that clear and concise records of all treatments were to be recorded fully, the medical standards team were in the process of creating a minimal dataset protocol for all doctors and treating staff to follow.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medication was prescribed only by staff registered with the GMC. The prescription charts were documented within the documentation booklets. If any additional medicines were required, prescriptions would be written by the doctor in charge of their care. Pharmacy support was provided corporately across the provider as required.

Prescription pads were stored in a locked cabinet. All prescriptions were accounted for. However, on reviewing the latest prescription there had been an error in recording of the prescription number. Senior managers were informed during the inspection and reminded staff to ensure they transcribed numbers correctly.

Staff at the clinic were only responsible for administering local anaesthetic during the procedure. We were told all appropriate checks including patient name, date of birth and allergies were checked prior to administering the medication.

The service had one medication refrigerator. Staff regularly reviewed the minimum, maximum and current temperature of this to ensure medicines were stored correctly. The service had a backup refrigerator in case of a break in the cold chain. However, this was the staff food refrigerator which was not lockable. We identified this to staff during the inspection and they immediately identified another refrigerator that could be used instead of the staff one. We were provided with an action plan after our inspection confirming this had been changed.

The service had a shock box in one theatre which contained products to overcome lidocaine toxicity (lidocaine is a local anaesthetic). This was available for use in either theatre and staff we spoke with were trained in its use.

Staff documented patients' medicines. However, there was no record within two of the three hair transplant notes we reviewed that specific discussion had taken place about

the medications involved with the hair transplant procedure. Therefore, we were not assured patients were provided with timely advice, including side effects and contraindications where applicable.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Patients would bring in with them their own medication when they arrived for their procedure. When the patient was required to take their medication, they would be responsible for this.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Staff regularly reviewed the most up-to-date MHRA alerts which were distributed to ensure there were no complications with the medications they frequently prescribed. If there were any alerts applicable to the practice at this service, the registered manager ensured all staff were aware of this.

The service had a medicines management policy and antimicrobial policy for staff to follow. The service were in discussion with the medical director in relation to the use of prophylactic antibiotic therapy post hair transplant treatment.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. There was a positive reporting culture within the service and staff received feedback on incidents raised. The service had an incident reporting policy in place which was in date.

The service had no never events during the reporting period of July 2018 to June 2019. 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 have happened for an incident to be a never event.

There were no serious incidents reported for the service from July 2018 to June 2019. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.

Managers shared learning with their staff about serious incidents that happened within the provider group of locations. The registered manager told us about an incident which had happened at a different service. They had discussed this during their own team meetings and improved their own procedures to ensure it never happened at this service. Staff completed a post incident reflection form to ensure on going learning and development.

Staff understood the duty of candour. Staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur. Senior staff members were able to explain the process they would undertake if they needed to implement they duty of candour following an incident which met the requirements. Information provided by the service showed there were no incidents from July 2018 to June 2019 which required the duty of candour to be implemented in accordance with the regulation.

Staff met to discuss the feedback and look at improvements to patient care. Reviewing incidents was routinely completed at team meetings amongst all staff. The registered manager also completed reports on each incident report form for all staff to review and identify areas of improvement in their own practice if appropriate. As a result of an incident staff had reviewed the use of a pain questionnaire for patients and developed a new more user friendly tool.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations where appropriate and applicable. The service had eight incidents in total all no or low harm. There were no common themes or trends within the incidents reported.

Are surgery services effective?

Good

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

Good

Surgery

Evidence-based care and treatment

The service mostly 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. The service ensured their policies, procedures and processes were compliant with the recommended clinical standards of the British Association of Hair Restoration Surgery (BAHRS) and the Royal College of Surgeons Cosmetic Practice Standards Authority for Hair Transplant Surgery.

We were not assured staff protected the rights of patient's subject to the Mental Health Act and followed the Code of Practice. Patients who attended a consultation for a hair transplant/surgical procedure did not have documented in-depth psychological assessments and an anxiety and depression assessment prior to any surgery being completed. However, staff were all aware of the Mental Capacity Act (2005) and the requirements under this legislation.

The service had implemented a clinical audit plan and we saw evidence of audits being conducted. Examples of audits which were regularly conducted were health and safety audits, hand hygiene audits, infection prevention and control. We reviewed the audit action logs and identified improvements as a result of them. For example, repairs to locks and actions to increase up take of mandatory training.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Nutrition and hydration were an important aspect when undergoing a hair transplant procedure. We were told staff provided patients with regular drinks to maintain hydration which included plain water and glucose-based drinks. Caffeine based drinks were avoided where possible due to the interaction caffeine can have on the procedure and medicines taken. During the procedure, patients were asked what they would like to eat, and staff would provide this for them. Staff told us they were able to provide a meal for a patient with any dietary requirements. Snacks were also provided throughout the duration of the procedure.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and encouraged to self-administer 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. Staff told us most patients experienced no pain during the procedure due to the local anaesthetic used. However, if patients did experience pain, they prescribed them pain relief for administration during the procedure.

Staff told us post procedure pain was the most common reason why patients contacted them. All patients had a supply of pain relief to take home with them, and the after-care leaflet provided details of advised medication regime. If patients experienced pain despite following the recommended regime, they could be offered an opportunity to attend the clinic for a review with the staff where further advice could be given.

Patient outcomes

Staff had started to monitor the effectiveness of care and treatment.

Staff told us they were in the period where patient outcomes were difficult to measure, as to enable them to get meaningful data, outcomes need to be reviewed 18 months following the procedure. However, they reviewed patients post procedure for suture removal. Patients were also planned to return at 12 months. However, none of the transplant patients had reached that time yet.

The service regularly audited both hand hygiene and the environment. All results had demonstrated high compliance, and this was reflected in zero post procedure infections.

The surgeon regularly monitored their transection rates. Transection is the term used to hair follicles which may be accidentally cut during the procedure which means they cannot be used for the grafting process. The surgeon used a grading system of one to four. Grade one was for hair follicles which had not been damaged during the procedure, grade two for a laceration, grade three for a

fracture and grade four identified a complete transection. The surgeon confirmed they had acceptable rates of transection in the follicle unit extraction (FUE) procedures. The BAHRS described an acceptable transection rate as 10% of grafts taken during a procedure. The surgeon had an average of less than 5% transection rate for FUT and less than 1% for FUE.

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. The staff who completed the procedure had demonstrated their skills and knowledge and was considered an experienced surgeon within this field. Registered as a diplomate of The American Board of Hair Restoration Surgery and a member of the International Society of Hair Restoration Surgery (ISHRS).

Managers gave all new staff a full induction tailored to their role before they started work. All staff, including those who worked under practicing privileges were required to complete the service induction and training passport. Once completed, these were stored in the staff members personal file. We saw evidence of completed induction checklists and training passports.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw evidence of meaningful appraisals and developmental meetings within staff personal files.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were actively encouraged to complete further training in their roles.

Managers had the processes in place to identify poor staff performance promptly and would support staff to improve. However, this had not been an issue recently and therefore the managers had not been required to use these processes.

Staff who worked under practicing privileges followed a specific recruitment process to ensure they were suitable and competent to work at the service. All staff were required to sign an agreement when applying to work at this service, this also included the hair technicians who were self-employed. As part of this process, staff were required to provide evidence to the managers of their competence.

Staff who performed the hair transplant procedure were compliant with the recommendations of the Royal College of Surgeons, Cosmetic Practice Standards Authority. Relevant continuous professional development (CPD) was completed and evidence shared with the managers which met the minimum number of hours required.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff communicated with the patients GP where consent had been given to ensure any additional care needs were met following the procedure.

Staff could refer patients for further mental health assessments when they showed signs of mental ill health or depression. However, they had not needed to do this.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service had variable opening hours. However, staff told us the times were flexible to meet patient needs. We were told the majority of patients requested a consultation to fit in with working hours, so the service remained open until 20:00 hours Monday to Friday and 18:00 hours Saturday and Sunday.

There was an in hours telephone service available to patients who had undergone a procedure. All patients were given this number after the procedure had finished or were advised to seek advice from their own GP if they needed assistance out of clinic opening times. Patients were advised to attend an emergency department or call 999 for a clinical emergency.

Health promotion

Good

Surgery

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

The service gave relevant advice and information to promote healthy lifestyles at the clinic. The information given by staff was to ensure this gave patients the best opportunity for their surgical wounds to heal and achieve the best outcome. However, there was no literature in the clinic for patients to take away. The registered manager advised us that this would be remedied with a local smoking cessation team to supply literature to the clinic. Information on post-surgical wound healing and healthy eating were also not advised on. However, the registered manager also planned to look into this.

Staff we spoke with told us they assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff were able to gauge what advice and information they required during the initial consultation.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us it was rare that a patient who lacked capacity would attend their service. However, it was important to them that all staff were equipped to identify a patient who may be lacking capacity and what steps to take to help them. There was an in-date policy in place to ensure all staff acted in line with legislation and all staff completed electronic learning on this.

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 and clearly recorded consent in the patients' record.

Staff at the service complied with the Royal college of surgeons Professional Standards for Cosmetic Surgery by ensuring there was a minimum of two weeks between initial consultation and the surgical procedure. Staff told us, the time between consultation and procedure was usually dependent on patients' preference.

There was an in-date deprivation of liberty safeguards policy in place at this service. However, staff told us they had never provided care and treatment to a patient who was deprived of their liberty, or who they thought needed depriving of their liberty.

Are surgery services caring?

Good

This was the first time we inspected this service since registration. 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. Each consultation lasted a minimum of 30- 60 minutes. This gave staff the time to interact on a meaningful basis and patients did not feel like they were being rushed.

We spoke with six patients and reviewed 10 online patient feedback submissions. The feedback was positive, and patients used words such as 'staff wonderful nothing too much trouble', 'incredibly nice', 'excellent knowledge and expertise'. Patients we spoke with on the telephone all told us they would recommend the service to their friends and family.

Patients said staff treated them well and with kindness. One patient told us they were unsure of how they would be supported during the consultation. However, they said 'they needn't have worried as the staff were clear and pleasant with a natural warmth'. Patients told us the staff made sure they were comfortable and well looked after.

Patients told us their privacy and dignity was always respected. Staff provided blankets in order to keep people warm and preserve dignity when surgery was required on difficult areas.

Staff followed policy to keep patient care and treatment confidential. Staff ensured blinds were shut and doors closed during the procedures. During consultations, doors were closed, and interruptions were kept to a minimum and only for urgent matters. Reception staff ensured their voices were lowered when they engaged with patients face-to-face or on the telephone if other patients or visitors were in the vicinity.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients we spoke with explained how the care and support they had received was tailored to them and was not delivered in a 'blanket approach'. They felt respected and taken seriously at all times. We were told by staff the surgical team was very knowledgeable and kind about the hair transplant process a patient was able to confirm this.

The service provided chaperones to patients who required one. There were numerous signs around the clinic area promoting the assistance of a chaperone. All staff had completed a chaperone module as part of mandatory learning to ensure they were suitable to offer this role.

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. Patients we spoke with told us that staff were always available for support both during and after treatment. One patient had contacted the surgeon directly for advice and had received this promptly. Staff contacted the patients approximately 48 hours post the procedure/treatment to ensure everything was ok and were there any questions or concerns.

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. Staff took a holistic approach to the care and treatment they provided for patients. All staff understood the personal, cultural and religious needs of the patient and ensured the appropriate advice and support was provided for them.

Staff encouraged patients to bring along family members or friends for support if required.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff took the time to ensure all patients and any family members who accompanied them understood all the information given to them. They encouraged them to ask any questions about the care and treatment if they had not understood to begin with. Patients we spoke with confirmed this. One patient told us that they had been very impressed when the nurse went through the treatment decisions again after the consultation just to make sure everything was understood.

Staff talked with patients, families and carers in a way they could understand. Patients told us that staff always used terminology which was easily understood. All patients we spoke with felt their consultation and subsequent treatment was explained at the correct level and that they went away knowing what to expect.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service used online feedback tools for receiving regular patient feedback. We reviewed 10 reviews which were mostly positive. Patient feedback forms were available. However, the patients we spoke with could not recall completing anything but did say that they gave verbal feedback and thanks on the day. All patients were positive about the staff and their experience.

Staff supported patients to make informed decisions about their care. All patients we spoke with expressed how happy they were with the consultation and the treatment choices they were offered. Staff discussed with the patient the best treatment options available to them to ensure a successful procedure took place. The surgeon did not go ahead with the procedures until the patient was completely happy with the decisions they had made.

Staff had sensitive discussions with patients about the cost of the treatment at the consultation stage of the patient journey. They ensured all potential costs were covered to

ensure patients had full payment details prior to deciding on whether to go ahead with surgery or not. All patients told us they felt relaxed and not pressured into making decisions.

Are surgery services responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. The managers of the service understood the patient group well and had ensured the service offered surgical, follicle unit extraction (FUE) and follicle unit transplant (FUT) procedures. They also offered patients a range of non-surgical procedures. These non-surgical treatments were not regulated by the CQC and therefore not reported on.

Facilities and premises were mostly appropriate for the services being delivered. The service was provided over two floors. However, since the provider had acquired the building, the lift to the second floor had been out of service. This limited activity to patients that could use the stairs or have treatment on the lower floor. Hair transplant surgery and surgical procedures requiring the use of the theatre were therefore not accessible to meet the needs of all local people. However, the service had considered this during planning and had included this in their local risk register. In order that suitable patients only were referred to this clinic for treatment a booking triage was included so that staff were aware of any mobility concerns prior to appointment allocation. The service could also provide alternative clinic availability for surgical and hair transplant procedures. There was a waiting area for patients to sit outside of the operating theatres when they were taking a break from the procedure. However, there was very little by the way of entertainment provided for patients that could be in the area for a number of hours. The chairs were hard and would be uncomfortable for any length of time.

There was a free car park at the service for patients to use.

Meeting people's individual needs

The service was mostly inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had an equality and diversity policy which staff followed which covered meeting the needs of individuals with certain disabilities. Patients with known mobility concerns that could not use the stairs were unable to have surgery at this clinic. However, there were disabled toilets and wheelchair access in the downstairs non-surgical treatment area.

The service could provide patients with information leaflets in alternative languages if required, however on the day of the inspection, we only saw information leaflets and folders with written information in English.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff identified during the booking process if the patient had any additional needs and would ensure they would meet these needs during the consultation phase and the surgical phase, if the patient went forward for procedure.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff ordered meals in for the patient on the day of the procedure. Patients ordered from a range of menus which covered most dietary and cultural requirements.

We were told by staff the main theatre was used for hair transplant surgery. Hair transplant patients generally spend a number of hours undergoing treatment. However, there was no television in the main theatre suite to provide distraction for patients undergoing a long procedure. The smaller theatre however, was equipped with a television. Patients were advised to bring their own entertainment, in case they were treated in the larger theatre.

Good

Surgery

The service provided care and treatment for a diverse range of patients. All staff at the service ensured they understood the needs of each patient to enable them to offer the best treatment options to them.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service was open seven days a week to ensure patients could access the clinic when it suited them. Procedures were booked around patient preference and surgeon availability.

The service had a website which patients could arrange their consultation through, or patients could contact the service over the telephone to arrange their consultation.

The service was also able to arrange for consultations to take place at alternative clinics within the provider group if this suited patients. However, the hair transplants would only take place at the location inspected.

Managers and staff worked to make sure patients did not stay longer than they needed to. On the day of our inspection, all clinic appointments ran on time.

Managers monitored and took action to minimise missed appointments. Staff told us patients missing appointments was not a problem. They occasionally had short notice cancellations, but staff were accepting of this and would re-arrange appointments at a more convenient time for the patient. In the event of a patient not turning up for an appointment, they would contact the patient to see if they required a new appointment.

At the time of our inspection, there had been zero cases of staff at the service cancelling patients' appointments. Staff did tell us, if they ever did need to do this, they would ensure their appointments were rearranged as soon as possible.

Patients had their follow up appointments planned out for them. Staff we spoke with told us there was an appointment for suture removal as required then a follow up at 12 months for the hair transplant patients. However, the post-operative information sheet described a follow up review at five,10 and 15 months. One patient we spoke with about this had chosen to have a 12 month follow up and was able to contact the team in between if required. It was not clear from the other patient records what follow up they were to receive.

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.

Staff understood the policy on complaints and knew how to handle them. There was an in-date complaints policy available. It contained details of the Independent Sector Complaints Adjudication Service (ISCAS) who independently review complaints about the independent health sector. At the time of the inspection, no complaints had been forwarded to the ISCAS.

Managers investigated complaints and identified themes. At the time of our inspection, the service had received eight complaints. Managers had reviewed the complaints and provided responses to the patients. The majority of the complaints related to non-surgical treatments and patient's satisfaction with the results. Patients received complaint responses within the service timeframe in all cases.

Are surgery services well-led?

Good

This was the first time we inspected this service since registration. 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.

Good

Surgery

The service was led by the registered manager who was also the clinic manager. They were responsible for the governance of the service, as well as providing care and treatment to patients.

All staff spoke overwhelmingly positive about the leaders of the service. All leaders were visible and approachable and extremely knowledgeable about treatments/procedures available at the service. We observed a staff member discussing treatment options with patients and it was clear they were very knowledgeable about the services they provided their patients.

All leaders maintained their skills and knowledge through continuing clinical practice. This demonstrated positive role modelling.

Staff told us they felt the leaders had a genuine interest in staff development. Staff were able to access a range of training at the service to enable them to develop their skills and progress in their roles.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a mission and brand values in place which was displayed at the entrance of the clinic. The mission was "to inspire greater confidence through better skin". This was supported by four pillars; accessible, approachable, medical expert and responsible. Staff were aware of the mission and aligned themselves to this.

The service had a clinical strategy (July 2019- July 2021), in place which provided staff with a realistic goal for achieving the vision and delivering high quality care.

Within the strategy were aims and objectives for the service to achieve. A top four were identified including developing clinical and technological innovations, drive for improvement of clinical risk management, embed a culture of excellence and to improve the measuring monitoring and effectiveness of clinical governance. Progress against these aims and objectives was measured through audits, compliance and patient satisfaction.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff we spoke with told us they felt supported, valued and respected by their managers and their colleagues. Staff told us they enjoyed working at the service and were proud to be associated with the service.

Staff told us they felt they could raise any concerns with the managers without fear of reprisal. The service had a whistleblowing policy in place to support this process. However, at the time of our inspection, there had been no internal whistleblowing incidents.

There was a process in place to manage staff who poorly performed, or whose practices were not consistent with the services vision and high expectations.

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.

The service had an open and honest culture. Any incidents or complaints raised would have an open and honest 'no blame' approach to the investigation, however in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors. Staff were aware of the duty of candour regulation; however, they had not had any incidents which met the criteria where formal duty of candour had been required to be implemented.

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.

The service had an in-date clinical governance policy which provided a clear structure for governance processes. Each

clinic had its own medical director with responsibility for group standards locally. Through the implementation of health and safety policies, audit, teaching, training and research. There was a clinical governance group that met monthly, which senior staff attended. In addition to this, there were monthly team and infection prevention and control meetings which fed into the main clinical governance group meeting. These meetings were all minuted, and we saw evidence of these.

The service had in date policies for staff to follow. These were written by the managers and reviewed during clinical governance meetings. The service had introduced a grab board which provided staff with quick access to policies and procedures for example complaints management and photographic records policies.

Staff at all levels were clear about their roles and responsibilities and what they were accountable for.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We observed team meeting minutes which were kept in a file for all staff to read if they did not attend.

Staff who were employed under practising privileges were compliant with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014. The service had an in-date practising privileges policy in place to ensure any new staff were compliant with the requirements. The medical advisory committee including the medical director for the clinic oversaw all appointments and monitored revalidation requirements of all practitioners.

We reviewed five staff personal files (randomly selected) of various roles, professions and employment statuses. We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. However, as some of the documentation was a mixture of online and paper it was difficult to review all staff files as the key for the paper documentation was not in the clinic on the day of our inspection. The service also had an in-date recruitment policy to ensure all staff adhered to the requirements.

Managing risks, 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. They had plans to cope with unexpected events.

During our inspection, we reviewed the local risk assessments and found the risk assessments were detailed and had ownership. We also observed they were regularly reviewed, and the risks identified reflected the risks which staff spoke of. Examples of risk assessments completed were (but not limited to) Legionella, infection control and needle stick injuries, IT and governance, lidocaine toxicity and CoSHH products.

The service conducted monthly health and safety audits to ensure the risk to patients and staff was minimal. This reviewed fire safety, the environment, electrical safety, first aid boxes and water safety. Any areas identified on these audits as non-compliant were rectified immediately. We saw evidence of where actions had been taken to address issues raised by these audits.

The service had a health and safety policy in place which contained the procedures for staff to follow in unexpected events. The service also had emergency generators in place in case the main power supply failed. These were regularly tested.

The service had an audit programme in place to ensure performance was constantly reviewed and improvements to the care and treatment patients received could be implemented.

The service had a quality improvement plan dated August 2019. This identified improvements that had already been made in relation to clinical governance sharing lessons learned and clinical peer review. Within the plan the service also identified its own concerns regarding auditing of patient records for quality of content and completeness. However, at the time of our inspection this had not been implemented. The service had not however identified the other concerns we raised in relation to patient safety prior to surgery with use of the surgical safety checklist, the infection control concerns and the blood glucose testing equipment.

Managing information

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. Data or notifications were consistently submitted to external organisations as required.

The service had introduced a computer system for patient records to be stored upon and intended to eventually use a paperless system as this reduced the risk of personal data breaches. These systems were currently being used to stored photographs of patients' procedures and consent forms. These were password protected and locked when not in use. The service still used paper consultation booklets which were locked away securely with no risk of unauthorised access.

Staff files were also in the process of being transferred to electronic storage. However, during our inspection there was no access to the paper staff files as there was only one key and it was not on the premises.

The overarching provider had a Caldicott lead in place to ensure patients personal information was maintained securely and confidentially, and to ensure the information was used appropriately.

Staff were able to access some information systems from their own computers. This included the electronic training system. All staff received training on information governance and General Data Protection Regulations (GDPR). Staff had access to all training in paper and electronic format as required.

The provider had a detailed website available which was regularly reviewed. This enabled patients to complete thorough research on the procedures provided at the service as well as the service itself. Information about the terms and conditions of treatment and payment was provided on this website. However, the price of treatment was given in an approximate amount due to all procedures requiring different numbers of transplants. It was therefore advised patients speak to staff to get a better understanding of the price.

Engagement

The service demonstrated some engagement with patients, staff and other professionals to plan and manage appropriate services.

The service held regular team meetings (monthly) to engage with staff members who worked at the service. In between these meetings, staff received regular emails, text messages and calls from the managers of the service. There was a staff communication board which identified daily tasks and new

The service had mechanisms in place to receive feedback from patients. This included leaving reviews on an online patient feedback system which also invited them to rate the provider. Staff did acknowledge more could be done to actively engage with patients for feedback.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Managers told us they continuously looked for ways which they could improve the service they provided patients. Examples of this had been discussed which included reviewing serious incidents and never events from other providers and implementing processes to ensure this was prevented from happening at this location.

All staff were encouraged to contribute their ideas about improving the service. Staff told us when they had suggested ideas in the past, all staff listened to them and where possible, their ideas were taken on board and improvements made. As a result of staff suggestion, the team were briefed daily as part of a morning huddle this was a documented meetingcreated to set out tasks for the day ahead and was carried out prior to clinic opening. This ensured that each day the clinic was checked to ensure that it was safe to open to clients.

A pocket book had been created by an employee and each clinician had this on their person as a tool to aid them in the principles of care, safeguarding and key lines of enquiry information. Staff we spoke with told us this was a useful booklet.

The staff created a communications board for the team. This contained information on safeguarding information and contacts, team meeting schedules, monthly, weekly and daily task reminders, bulletins and newsletters, promotions for the team to share with clients. CQC guidance for staff to reference.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider **MUST** ensure the service use the World Health Organisation (WHO) surgical safety checklist for patients undergoing minor surgical procedures under a local anaesthetic. **Regulation 12**
- The provider **MUST** ensure they use cleaning products in their theatre that are effective against multi resistant organisms. **Regulation 12**
- The provider **MUST** ensure they provide a hand washing sink in the hair preparation room. **Regulation 12**
- The provider **MUST** ensure equipment for the monitoring of blood glucose is calibrated and checked as per manufacturer's instructions. **Regulation 12**
- The provider **MUST** ensure patient records are consistently completed and managed. **Regulation 12**
- The provider **MUST** ensure documentation of patient's mental health and psychological assessment prior to procedures. **Regulation 12**

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider **MUST** ensure the service use the World Health Organisation (WHO) surgical safety checklist for patients undergoing minor surgical procedures under a local anaesthetic. • The provider **MUST** ensure they use cleaning products in their theatre that are effective against multi resistant organisms. • The provider **MUST** ensure they provide a hand washing sink in the hair preparation room. • The provider **MUST** ensure equipment for the monitoring of blood glucose is calibrated and checked as per manufacturer's instructions. • The provider **MUST** ensure patient records are consistently completed and managed. • The provider **MUST** ensure documentation of patient's mental health and psychological assessment prior to procedures.