

Whiteson Hair Loss Consultancy Ltd

Inspection report

101b Manchester Road
Wilmslow
SK9 2JH
Tel: 07970859229

Date of inspection visit: 27/02/2023
Date of publication: 28/03/2023


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	
------------------------	------	---

Overall summary

This service is rated as Good overall. (Previous inspection November 2019. Overall rating Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Choose a rating

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at 101b Manchester Road, Wilmslow, Manchester SK9 2JH because the service had recently changed its registration.

At the last inspection of the previous provider on 5 November 2019 we found that systems were in place to keep patients safe and patients received coordinated and person-centred care. Patients reported they were treated with respect and were happy with the service they received. There were systems in place to ensure the service was well managed.

Whiteson Hair Loss Consultancy Ltd is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activity: Treatment of disease, disorder or injury.

Whiteson Hair Loss Consultancy Ltd provides treatment for men and women over 18 years of age who experience hair loss.

Lili Whiteson is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Appropriate medical records were maintained.
- Patients were involved in their treatments and treated with compassion, kindness, dignity and respect.
- Patients accessed care and treatment from the service within an appropriate timescale for their needs.
- The service was focussed on continuous learning and improvement.
- Information about services and how to complain was available. We found the systems and processes in place to manage and investigate complaints were effective.
- The service proactively sought feedback from staff and clients, which it acted on

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

Overall summary

- Policies and procedures should be further updated to support the delivery of the service.
- The practice should carry out audits to demonstrate safe prescribing to patients.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector and included a CQC pharmacist.

Background to Whiteson Hair Loss Consultancy Ltd

Whiteson Hair Loss Consultancy Ltd is situated in 101b Manchester Road, Wilmslow, Cheshire SK9 2JH.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

We inspected this service on 27 February 2023. During our visit we spoke with the registered manager and the doctor providing the clinical care. We looked at information the service used to deliver care and treatment and undertook a tour of the premises.

Hours of opening:

Monday to Friday 9.30 am to 7 pm.

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

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

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

Are services safe?

We rated safe as Good because:

Care was provided in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The provider conducted safety risk assessments, however, supporting policies and procedures were not always in place. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard adults from abuse.
- A service was not provided to patients under 18 years.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff had completed safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The staff member who acted as a chaperone was trained for the role and had received a DBS check. To date, no patients had asked for a chaperone.
- There was an effective system to manage infection prevention and control. The policy and procedure for managing infection control provided limited information.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments which took into account the profile of people using the service and those who may be accompanying them. A written policy and procedure for carrying out environmental risk assessments was not in place.

Risks to patients

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

- The registered manager and the doctor providing clinical services were the only staff working at the practice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The provider had undertaken basic life support training but in the event of any emergency 999 would be called. There was access to a first aid kit.
- Fire safety measures included regular fire drills and equipment checks and a fire risk assessment. Infection control and Legionella checks were also in place.
- The policies and procedures that support the systems to assess and manage risks to patients provided limited information.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we reviewed showed that information needed to deliver safe care and treatment was up to date.
- The service had systems for sharing information with other medical professionals to enable them to deliver safe care and treatment. When required the provider referred patients appropriately, for example, to the patient's own GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines minimised the risks, although the service did not carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- Risk assessments in relation to safety issues were carried out. The policies and procedures around risk assessment held limited information.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The provider was aware of what constituted a serious incident or event. A protocol for reviewing and investigating any serious incident was in place. The provider told us that no serious incidents had taken place.
- The provider was aware of and understood their responsibilities with the requirements of the Duty of Candour. There was a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

We rated effective as Good because:

Patients have good outcomes because they receive effective care and treatment that meets their needs.

Effective needs assessment, care and treatment

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

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

Monitoring care and treatment

The service was actively involved in quality improvement activity.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The registered provider managed the administrative side of the service and one doctor was employed to carry out the clinical work.
- The doctor was appropriately qualified and was registered with the General Medical Council (GMC) and was up to date with their re-validation.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

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

Are services effective?

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Staff gave patients advice so they could self-care following their treatment.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support.
- Where patients' needs could not be met by the service, the provider directed them to the appropriate service if necessary.

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way they were treated.
- The service gave patients timely support and information about their treatments.

We were told that regular contact was made between the provider and patient. Patients were given the provider's contact details should they have any questions or needed advice.

Involvement in decisions about care and treatment

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

- Information leaflets were available to help patients be involved in decisions about their care and patients' expectations of the service were clearly outlined.
- Patients were involved in making decisions about their care and treatment.
- We reviewed 10 patient feedback forms which patients completed after their treatments. All of these patients commented they were very happy with the standard of the service they received and commented that staff there professional, kind and caring.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Consultations were carried out in a private room with no direct public access.
- The provider recognised the importance of ensuring patients' dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider understood patients' needs and provided services in response to those needs.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and continued to improve services in response to those needs.
- The facilities and premises were appropriate for the services delivered and patients with mobility problems.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service was available in from 9.30am to 7pm.

Patient feedback obtained by the service indicated that patients were very happy with the service they received.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had a system in place to respond to them appropriately to improve the quality of care.

- We were informed that no complaints had been made about the service.
- Information about how to make a complaint or raise concerns was available to patients and the system for investigation ensured patients were informed about further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

There were systems in place to ensure good governance and the provider had the capacity and skills to deliver high-quality, sustainable care and treatment.

Leadership capacity and capability

Leaders had capacity and skills to deliver high-quality, sustainable care.

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

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of clients.
- The service actively promoted equality and diversity.
- Patients' feedback demonstrated the provider ensured a culture that was caring and supportive.
- The provider employed one doctor to carry out clinical work. No other staff were employed.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

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

- The provider had established some policies and procedures to ensure safety and identify clear guidelines about the running of the service. Some of the policy documents had limited information recorded.
- The service was provided by a sole provider. They had a good understanding of the required accountability and governance processes to ensure safe care and treatment.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had a process to manage current and future performance. Performance could be demonstrated through patient feedback after six months treatment.
- The provider had oversight of safety alerts and changes in their field of work.
- Research documents had been collated so that the doctor could keep up to date with changes and developments in the field of work undertaken by the clinic.
- The provider had a system in place to deal with major incidents. A supporting policy document was not in place to support this system.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service used performance information which was reported and monitored.
- Quality and sustainability were discussed in relevant meetings where the provider and doctor had sufficient access to information.
- The service performance and the delivery of quality care was monitored and any identified weaknesses were addressed.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

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

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement.