HGC Romford Limited

HGC Romford Limited

Inspection report

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Date of inspection visit: 24 August 2022
Date of publication: 30/11/2022

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

This was the first time we rated this location. We rated it as inadequate because:

- The provider did not monitor if the staff had the right qualifications and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The provider did not undertake suitable employment checks and they did not follow their own recruitment policy. The provider did not ensure people employed were not barred from working with vulnerable patients.
- Staff did not manage medicines safely. They did not ensure they implemented effective measures to prevent and control the spread of infection.
- The environment did not meet regulatory requirements, premises were not secure and fire safety risks were not fully assessed and mitigated.
- Overall, staff had poor awareness of risk management processes.
- Leaders did not demonstrate they had the skills, capabilities, and awareness of the health and social care sector's regulatory landscape.
- Staff did not have access to up-to-date policies to plan and deliver high-quality care according to best practices.
- Leaders did not operate effective governance processes throughout the service.
- The provider did not have a complaints policy that was relevant to the service and they did not ensure information on how to complain was freely available to patient.

As we found the provider breached the regulations, we took action to ensure they improve. Following our inspection, we have served two Warning Notices under Section 29 of the Health and Social Care Act 2008. We notified the provider that they failed to comply with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; the provider failed to comply with Regulation 12(1), Safe care and treatment, and Regulation 17(1), Good governance. The provider is required to achieve compliance with the relevant requirement within the timescale set in the Warning Notices.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inadequate 	It is the first time we have rated this service. We rated it as inadequate because: • The provider did not monitor if the staff had the right qualifications and experience to keep patients safe from avoidable harm and to provide the right care and treatment. • The service did not have a system to safely manage medicines. • Staff did not always follow best practice to prevent and control the spread of infection. • Staff did not assess individual risks to patients, they did not assess the risk of venous thromboembolism (VTE), they did not undertake suitable environmental risk assessments and had poor awareness of the risk management process. • The provider did not follow its policies to ensure patients were kept safe and protected from abuse. The provider did not undertake suitable employment checks to ensure people employed were not barred from working with vulnerable patients. • Staff did not have access to up-to-date policies to plan and deliver high-quality care according to best practices. The provider did not have systems for developing service-specific policies and procedures to ensure they reflected the published guidelines, sector-specific standards and were operational. • The service did not display information about how to raise a concern in common areas and there were no leaflets available to inform patients on how to raise complaints. Their complaints policy was not service specific and relevant to the service. • Leaders did not run services well. They did not demonstrate they had the skills, capabilities, and awareness of the health and social care sector's regulatory landscape. • Leaders did not operate effective governance processes throughout the service. Leaders and teams did not have systems to manage performance effectively. **However:**

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment options.
- Staff we spoke with felt respected and valued. They were focused on the needs of patients receiving care.
- Staff gave patients pain relief when they needed it.
- People could access the service when they needed it and received the right care.
- Staff kept detailed records of patients' care and treatment. Records were stored securely.
- There was a formal process for appraising staff's work performance.

We rated this service as inadequate because it was not safe and the leadership was inadequate. The service required improvement in the responsive domain. We rated the caring and effective domains as good.

Summary of findings

Contents

Summary of this inspection

Background to HGC Romford Limited

HGC Romford Limited is an independent service providing hair transplant surgery to adults. The service offered follicular unit extraction (FUE) transplant technique. Patients could self-refer or be referred by a doctor and the clinic accepted self-paying patients. Procedures at the clinic were performed under local anaesthetics in the presence of a doctor. The clinic was operational Monday to Saturday, it was based in a purpose-built building. The building is shared with another organisation who specialise in non-surgical hair treatments.

The service had been registered with CQC since September 2019 to provide regulated activities of:

- Surgical procedures
- Treatment of disease, disorder or injury

The service had a registered manager who had been in post since the initial registration of the service in 2019.

The main service provided by this clinic was surgery.

Areas for improvement

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

Action the service MUST take to improve:

- The provider must ensure all staff have the right qualifications and experience and receive appropriate role specific training so they can keep patients safe from avoidable harm and to provide the right care and treatment.
- The provider must ensure suitable employment checks are undertaken for all persons employed by the service.
- The provider must ensure medicines are managed safely.
- The provider must ensure they implement effective measures to prevent and control the spread of infection.
- The provider must develop an effective risk management process and improve staff awareness of it.
- The provider must ensure policies are followed to ensure patients are kept safe and protected from abuse.
- The provider must improve governance systems to ensure policies and procedures are service-specific and that they reflect the published guidelines, sector-specific standards, and are fully operational.
- The provider must improve staff awareness of polices and ensure all have unrestricted access to up-to-date policies.
- The provider must ensure leaders have the skills and capabilities to effectively lead and manage the regulated activity and that they have systems to manage performance effectively.
- The provider must ensure environment meets regulatory requirements, premises are secure and fire safety risks are adequately assessed and mitigated.
- The service must ensure the complaints policy and procedure is service specific and information about how to raise a concern is freely accessible to patients.

Actions the service SHOULD take to improve:

- The provider should undertake formal clinical audits to assess treatment effectiveness over time and to improve care and treatment.

Summary of this inspection

- The provider should consider using professional interpreting services to support patients whose first language was not English.

Our findings

Overview of ratings

Our ratings for this location are:

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

Inadequate

Surgery

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

Are Surgery safe?

Inadequate

We rated it as inadequate.

Mandatory training

The service did not provide mandatory training in key skills to all staff and leaders in the service did not ensure everyone completed it.

Staff received some training by completing an online course. Staff did not know how often they were required to refresh their mandatory training skills to ensure their maintained their knowledge in line with any potential changes in best practice. The training requirements were addressed in various policies that were not always relevant or accessible to staff. There was no one overarching document informed by service's and patients' needs that would address it. This meant the mandatory training was not comprehensive and did not fully meet the needs of patients and staff as the provider did not fully assess requirements. After the inspection the service told us they set out mandatory training frequency requirements to ensure staff were up to date with their training.

The provider worked in partnership with another doctor who also carried out hair transplant procedures, they did not monitor the training of the medical staff. They did not keep a record to verify if they received or kept up to date with their mandatory training. The provider did not provide records to confirm the registered manager completed mandatory training.

Safeguarding

We did not see records of all staff to confirm they received adequate training on how to recognise and report abuse. The provider did not follow its policies to ensure patients were kept safe and were protected from abuse. The provider did not undertake suitable employment checks to ensure people employed were not barred from working with vulnerable groups.

All staff received level 2 safeguarding training for adults and children. The manager, who was the designated safeguarding lead, received a higher level of safeguarding training. The safeguarding policy specified that the safeguarding lead was to receive training in 'significant event analysis and reporting techniques'.

The policy stipulated a process for making a safeguarding referral and there was a protocol which would specify who to inform if staff had concerns.

The safeguarding policy also stipulated staff were supposed to undergo pre-employment safety checks that included references check. However, the provider told us they did not fulfil this requirement before making an offer of employment and they did not routinely ask for references to confirm staff were of good character. The provider did not check if staff's conduct in previous employment was satisfactory before a new member of staff began working at the clinic. Provider's recruitment policy stated that at least two satisfactory employer references, including one from the last employer, should be obtained.

At the time of the inspection, the provider did not store records to confirm staff were eligible to work in the UK or that staff underwent suitable Disclosure and Barring Service (DBS) checks before they commenced employment. After the inspection, the provider confirmed DBS checks were undertaken and people employed were not barred from working with vulnerable groups. However, they did not provide any evidence to confirm the same applied to doctors.

Cleanliness, infection control and hygiene

Not all clinic areas were clean. Staff did not always follow best practice to prevent and control the spread of infection.

The treatment rooms had suitable equipment; however, they did not appear clean. Air conditioning units in those rooms looked stained and had drip marks on them. Some of the furnishings appeared stained or were covered in dust or other small pieces or dirt. An examination lamp in one of the treatment rooms, which was unused on the day of the inspection, had marks of blood on it. The service employed a cleaner and carried out some cleaning audits. However, the audits carried out by the provider failed to identify any shortcomings and did not recommend improvements.

Clinical waste containers were not covered and did not have a suitable lid to prevent cross-contamination. Sharps containers were covered, and they were not overfilled. However, staff did not fill in the information on containers' labels to indicate when they started using the container and which area this was to be used in. The provider had service level agreements with an external company for the safe disposal of clinical waste.

The provider decontaminated surgical instruments using an autoclave. They ran regular automated checks to ensure the device was achieving suitable pressure and worked correctly. The device was serviced and validated by an external contractor who checked its operational standards conformed manufacture's requirements.

Staff kept clean and dirty surgical instruments in separate areas to prevent contamination and control the spread of infection. Clean instruments were stored separately in a different room in sealed tubs. Contaminated instruments were washed in the disinfecting solution and packed before being sterilised.

Staff received regular infection prevention and control training.

Staff providing treatment followed infection control principles including the use of personal protective equipment (PPE).

The provider did not identify any surgical site infections in the 12 months before the inspection.

Environment and equipment

The provider did not assess if the design of facilities and equipment kept people safe.

Inadequate

Surgery

The provider did not assess the design of the environment against the national guidance, health technical memoranda or health building notes.

The service did not assess the air quality in the treatment room and if there was suitable ventilation. They did not assess the suitability of the premises against the guidance (HTM 03-01 Specialised ventilation for healthcare premises).

The fire extinguishers were freely accessible and in date. Although, the evacuation routes were marked, they were not free of clutter. Two of the evacuation routes were obstructed on the day of the inspection with one of the evacuation doors being blocked by equipment. The information displayed related to evacuation procedures was not complete and did not inform staff and visitors where the assembly point was. The provider told us they checked if fire systems were operational and contracted an external company to carry out a fire safety risk assessment. We observed that staff did not adhere to fire safety measures, they propped doors open in numerous rooms by using devices that were not designed to automatically close in case of fire. Not all the rooms were fitted with a fire alarm. Although records indicated fire safety training was delivered through an online platform to some staff, the provider did not show records that confirmed all staff received initial fire safety training and that they considered regular refresher training. The service had a designated fire marshal, who received fire marshal training, but not all staff were clear about who this was.

The provider did not keep premises secure to prevent unauthorised access. We observed that doors leading to the back staircase were left unsecured and unattended. In addition, we observed any member of the public could enter through the main door and access the main corridor, where staff left, in open view and easily accessible, two boxes with medicines delivered on the day of the inspection. The provider told us that the intercom system was temporarily out of order.

The provider carried out a regular testing regime on equipment to ensure that their electrical equipment was tested and maintained to prevent danger.

Assessing and responding to patient risk

Staff did not complete and update risk assessments for each patient to remove or minimise risks.

Staff did not use any nationally recognised tool to identify deteriorating patients and escalate them appropriately. They undertook visual observations and checked with a patient during the treatment if they were well and able to carry on with the procedure. Staff undertook blood pressure checks before and after the procedure to ensure readings were within the expected standard and confirmed if the patient was healthy on the day of the procedure. Staff ensured that the patient's emergency contact details were recorded in case of an untoward event.

Staff had emergency equipment available to respond to a medical emergency, it included a defibrillator, first aid box, emergency medicines and medical oxygen. However, when asked, staff were not clear on how to deal with any specific risk issues, use the equipment or medicines, or respond to medical emergencies. They were not familiar with protocols for dealing with medical emergencies or deteriorating patients and said they would rely on doctors to respond to them.

All staff received basic life support training and some staff received sepsis recognition and awareness training.

Staff did not undertake standardised safety checks before the surgery and did not use a hair transplant surgical checklist to improve patient safety.

Staff asked patients to complete a medical questionnaire, checked for allergies and asked to describe any medical conditions that could affect the treatment. They took this information into account when planning the treatment. If a

patient was deemed as “high-risk” it was at the discretion of the doctor to decide if the procedure was to be conducted or an alternative method was to be discussed. However, staff did not use clinical assessment tools to risk assess patients. For example, they did not assess if a patient was at risk of venous thromboembolism (VTE) and did not use any prophylaxis to prevent its occurrence.

Doctors prescribed a course of antibiotics to minimise the risk of post-procedure wound infection. Staff advised patients to contact their local NHS emergency department in case of any complications after their discharge from the service. If patients had any complications or questions after the procedure, they could also contact an on-call member of the team or the doctor carrying out the procedure who was available during out of hours.

Staffing

Although there was a sufficient number of staff to provide the care and treatment, the provider did not monitor if all staff involved in the provision of the regulated activity had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service worked with medical staff that were affiliated with another provider. The provider did not confirm that the member of the team had suitable training and that they undertook appropriate recruitment checks to ensure patients were kept safe.

Doctors who undertook procedures were registered with the GMC (General Medical Council) and they had a responsible officer, that oversaw their revalidation, allocated to them.

There was no document concerning the training requirements of the staff employed to support a doctor during the hair transplant procedure. Although the provider had a document that would specify what clinical tasks they could and could not undertake and what was their role remit, it was quite generic and did not fully cover all activities staff were involved with. For example, when describing the role of a junior technician, amongst other responsibilities it was to “help the senior technician in the surgery”. When describing the senior technician role, it referred to senior technicians manually pulling out hair grafts. However, it did not mention seniors placing grafts in pre-made incisions, which we observed them performing.

The service did not use bank and agency staff and requested staff familiar with the service.

Staff received an induction to the service that involved familiarisation with the hair transplant procedures.

The provider did not operate a robust recruitment procedure that included undertaking relevant checks. They did not have a procedure for ongoing monitoring of staff to make sure they remained able to meet the requirements.

Records

Staff kept detailed records of patients’ care and treatment. Records were stored securely.

Patient notes, related to the hair transplant procedure and completed on the day of the procedure, were comprehensive. All staff could access them easily and there were no delays in staff accessing patients’ records.

Records were stored securely.

Medicines

The service did not have a system to safely manage medicines.

Inadequate

Surgery

Medicines storage was not centralised, medicines were stored at the service in various rooms, cupboards or boxes. On the day of the inspection, newly delivered medicines were stored in the corridor that could be accessed by unauthorised people. This meant the service did not have an effective operational protocol, that was followed by staff, to ensure the safe storage and management of medicines at the location. We saw some medicines in partially used blisters that did not have a use-by date indicated on them. This meant that staff were unable to verify if they were safe to use and within date. The medicines management policy used by the service was generic. For example, it specified roles and responsibilities of medical staff concerning medicines management but did not refer to other non-clinical staff administering medicines which they regularly did administer, including pain control medicines. The policy did not specify what was the minimum competency level for a member of staff to administer medicines. It did not distinguish between junior or senior staff and between different types of medicines (i.e. emergency medicines, 'to take home', pain control medicines, or injectables).

The policy made minimal reference to storage, ordering, or safe disposal of medicines and there were no operational protocols to support it.

The provider carried out an audit of medicines stock, it concentrated on ensuring medicines were available and within their expiration date. The audit did not highlight any storage or management related concerns and failed to identify potential improvements in medicines management.

Staff followed a process to prescribe medicines safely and doctors reviewed each patient's medicines and provided advice to patients about their medicines. Staff completed administered medicines records accurately and kept them up to date.

Staff followed national practice to check patients had received the correct medicines. Doctors recorded which medicines were dispensed to take home and for how long and at which frequency they were to be taken.

Incidents

The service did not have a need to report any patient safety incidents within the past 12 months.

The clinic's policy advised staff to use an electronic form to report incidents and the registered manager was tasked with investigating incidents and ensuring suitable action was taken in response. The registered manager would also make a further report if required, for example, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

The provider had a policy that addressed serious incident notifications, but the policy was generic and did not specify what type of incidents were to be notified to which statutory body (i.e. Care Quality Commission or Health and Safety Executive).

There was no system to ensure actions from patient safety alerts were implemented and monitored.

The service had no never events and no safety incidents recorded for the past 12 months before the inspection.

Staff understood they were required to be open and transparent and to give patients and families a full explanation if and when things went wrong.

We could not fully assess incidents management. As there were no incidents reported by the service we could not assess if changes had been made as a result of response to incidents.

Inadequate

Surgery

Are Surgery effective?

Good

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Clinical staff followed the 'Guidance for doctors who offered cosmetic interventions' and ensured patients' expectations about the outcomes that could be achieved for them were realistic. Staff were informed of the relevant past medical history and utilised that knowledge as a basis for sound clinical judgement about the suitability of treatment. Staff had a good understanding of the psychosocial impact of hair loss and how treatment impacted patients' wellbeing. Staff demonstrated that they understood common health conditions which may affect treatment, for example, diabetes.

Staff recognised that each patient was an individual and may require or could respond differently to standard treatments, for example, depending on age, skin quality, or hairline asymmetry. They were able to tailor treatment appropriately.

Nutrition and hydration

Patients were not required to adhere to a fasting regime before surgery, they were not without food for long periods. They could take breaks during the hair transplant procedure to drink and eat. The service offered food to patients and accommodated individual dietary requirements.

Pain relief

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

Staff gave pain relief in line with individual needs. They monitored patient's comfort during the procedure to ensure they did not experience discomfort. They gave patients standard pain controlling medicines on discharge to ensure pain was minimised.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

Managers and staff reviewed treatment complication rates and any negative treatment outcomes during quarterly staff meetings to improve care and treatment. Due to the nature of the service and the procedure, there were limited opportunities for the service to participate in national clinical audits. As hair transplant procedures were mainly performed by one doctor there were limited opportunities to benchmark their clinical outcomes against other practitioners.

The provider told us outcomes for patients were positive, consistent, and met patients' expectations. Feedback left by patients reviewing doctors' practice online was mostly positive. The provider used it to monitor the effectiveness of care and treatment. In addition, they have arranged follow-up calls to monitor if patients were satisfied with the outcome and

to answer any post-procedure queries. They contacted the patient a few days after the surgery, then six months post-procedure, and 12 months after to find out if the procedure was successful and patients' expectations were met. An ex-patient we spoke with on the day of the inspection said they were happy with the outcome and they had recommended the service to their friend.

Competent staff

There was a formal process for appraising staff's work performance.

Doctors' practice was appraised in line with the requirements of the General Medical Council and their practice was revalidated. Doctors had responsible officers allocated to them whose role was to support them with maintaining and improving their practice.

Staff received induction training tailored to their role before they started work.

Managers supported staff to develop through appraisals of their work. However, managers did not formally set a requirement for the minimum training that should be delivered for different roles and persons involved with the clinical practice. There was no formal competence framework to assess staff clinical skills i.e. through observation. Staff discussed their clinical practice during their appraisal.

Multidisciplinary working

Generic multidisciplinary meetings did not apply to the patient group and scope of care.

Seven-day services

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

Health promotion

Staff assessed each patient's well-being before the procedure. They asked patients about their alcohol intake and whether the patient smoked. Staff informed patients on how it could affect their recovery and outcomes and advised them on the importance of living a healthy lifestyle.

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 and ensured that patients gave consent in a two-stage process with a cooling-off period between stages.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They kept a record of patients confirming that they understood the benefits and risks related to the hair transplant surgery.

Patients received information, before the procedure, explaining what the procedure involved, the preparation required, and about the aftercare. They were informed of the risks involved and the benefits of the treatment.

Staff made sure patients consented to treatment based on all the information available.

Staff recorded consent in the patient's records.

Inadequate

Surgery

Are Surgery caring?

Good

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 a patient. Staff took the time to interact with them in a respectful and considerate way. We observed staff treating patients well and with kindness.

Staff demonstrated they understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients' needs.

Patients we spoke with on the day of the procedure were complimentary about the service and staff working at the clinic. Most of the feedback provided by patients online was positive with patients praising staff's professional manner, friendliness, and overall experience.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed and helped them maintain their privacy and dignity.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment.

Staff talked with patients in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment.

Staff supported patients to make informed decisions about their care.

Are Surgery responsive?

Requires Improvement

We rated it as requires improvement.

Inadequate

Surgery

Meeting people's individual needs

The service took account of patients' individual needs and preferences. They could offer flexible appointment times and respond to individual requests.

The service was not fully accessible to people with mobility difficulties. Staff would inform patients at the initial booking call that there were physical barriers that could prevent access. They assessed patients' requirements over the telephone to decide if they could offer treatment.

Staff did not have regular access to any prompts that could support meeting the information and communication needs of patients with a disability or sensory loss.

Staff did not have access to interpreters or signers and when needed, they would rely on the patient to bring someone to support them with communication. The provider did not have access to professional translation services. Reliance on family, friends or unqualified interpreters is discouraged and it is not considered a good practice. Majority of patients used English as their main language.

Access and flow

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

Managers ensured waiting times were meeting individual patient's needs and made sure patients could access services when needed and received treatment within their agreed time frames. At the initial consultation, staff explained when they could offer the treatment and the process a patient was required to undergo. Staff kept a record of the whole journey from the initial consultation to the last follow-up call or appointment.

Managers and staff worked to make sure patients did not stay longer than they needed to.

Managers kept the number of cancelled appointments and treatments to a minimum.

Patients did not have their appointments cancelled at the last minute. When there was a need, staff made sure appointments were rearranged as soon as possible.

Learning from complaints and concerns

The service did not have an established process for dealing with patients' concerns.

The provider told us there were a few concerns raised by patients. Most of the negative comments would be raised through online means and then staff would take action to address the concern. Staff acknowledged complaints informally and staff would aim to resolve them immediately if possible.

The service did not display information about how to raise a concern in common areas and there were no leaflets available to inform patients on how to raise complaints. Information on how to raise a complaint was available on patient portal that was accessible online. It also highlighted the key steps that would be taken in addressing their concerns.

The service did not use a system for referring unresolved complaints for independent review; the use of such a service is voluntary.

The clinic's complaints policy was not service specific. For example, in case of "continued disagreement" which could not be resolved internally, the policy advised to offer complainant to approach an appropriate external authority, such as

Inadequate

Surgery

"funding authorities such as Social Services or NHS", or an "independent advocacy service or the local government Ombudsman". Those organisations did not have a role in dealing with individual complaints that were related to this service as patients self-referred and self-paid for the treatment. The policy set timelines that would guard response times; three days for acknowledgement and ten days for a response to be sent out. Due to the low number of formal complaints raised, we did not have the opportunity to confirm if these were adhered to.

Are Surgery well-led?

Inadequate

We rated it as inadequate.

Leadership

Leaders did not demonstrate they had the skills, capabilities, and awareness of the health and social care sector's regulatory landscape.

At the time of the inspection, the clinic was led by the registered manager. They were supported by the clinic manager (a senior technician) responsible for the day-to-day operations. Senior management had limited knowledge, and minimal previous experience, in managing regulated healthcare services. They had limited awareness of regulatory requirements and limited access to external expertise that would support them with ensuring continuous development of their knowledge, skills, and abilities to improve the quality of care, safety, and patient experience. For example, managers were unable to identify improvements required in relation to the fire safety, medicines management, infection prevention and control, or risk management processes overall. They were not fully aware of regulatory requirements related to health and safety or those related to information required to be kept by providers about all persons employed in the provision of services. They failed to identify that the policies that guided the service delivery and staff in their day to day duties were often not relevant to the service.

Vision and strategy

The service had a vision for what it wanted to achieve. They aimed to "provide patients access to a comprehensive range of high standard hair and skin treatments in a caring, safe, and thoughtful environment ". The plans leaders spoke about were focused on service development driven by patients' feedback and their needs. The service was in a process of transitioning to 'paper light' systems that supported information provision and improved patient experience. The provider told us they wanted to empower patients to make informed choices and treatment decisions and maintain an open and honest culture

The service did not have a formal strategy that defined its business's short- and long-term objectives.

Culture

Staff we spoke with felt respected and valued. They were focused on the needs of patients receiving care.

Staff took pride in their work and the treatment they offered. They showed interest in their work and in providing the best treatment outcomes.

Staff told us that they enjoyed working at the clinic and felt they could make a difference in patients' lives by providing hair loss treatment.

Governance

Leaders did not operate effective governance processes throughout the service.

High standards were not upheld. The provider did not have systems for developing service specific policies and procedures to ensure they reflected the published guidelines and sector-specific standards. Some of the policies were not service specific. For example, the complaints policy referred patients to authorities that had no role in reviewing their complaints. The service had a 'Restraints Policy and Procedure' that was not relevant to the service.

The provider did not always follow their policies. For example, they failed to follow their safe recruitment policy and keep a record of all required checks for staff working at the service. Some of the policies we saw on the day of the inspection were not dated and it was not clear how and when they were to be reviewed, or who the author was. Staff we spoke with did not have access to all service policies or the latest policies at the time of the inspection. After the inspection, the provider demonstrated staff had signed documents to confirm they had read the policies. The service had provided electronic versions of polices that were dated and had a review date stated on them. The provider sent us a variety of policies after the inspection, some of them differed from those we were presented with on the day of the inspection, others were not available on the day as staff could not access them or were not familiar with them.

There was no medical advisory committee or any other formal body that would guide medical matters that impacted the service, propose policies, safe practices, and advise on patient management. When required, the provider reached out to other hair transplant professionals to discuss their practice and consult on matters such as antibiotic prophylaxis or infection rates reduction amongst others.

There were no systems to monitor any new developments related to treatments and procedures or to monitor newly issued national guidance and its implementation at the clinic.

The service had quarterly staff meetings where they reviewed complication rates and patients' feedback. This was attended by all staff and notes were taken for those who could not attend.

Managing risks, issues and performance

Leaders and teams did not have systems to manage performance effectively.

They did not identify and escalate relevant risks and issues and failed to identify actions to reduce their impact. For example, the provider did not identify risks related to fire safety and failed to act to minimise them. Staff carried out a series of internal audits, but these failed to identify shortcomings. Cleaning audits did not identify shortcomings even though we observed at this inspection that staff did not follow guidance related to infection prevention and control and not all areas were clean. The provider told us they undertook a medicines management audit, but it failed to raise awareness of the good practice and identify concerns. Staff did not receive formal training on risk management and had limited knowledge on how to identify and manage risks.

The service had an overarching business continuity plans to ensure they could respond to unexpected events. It informed staff how to address events such as equipment failure, power failure, flood, or untoward weather events. However, staff were not aware of the emergency protocols.

Inadequate

Surgery

The provider did not identify any incidents or near misses in the past 12 months before the inspection and we were not made aware of any. This meant we were unable to verify if learning from incidents was implemented and if there were effective systems for managing serious issues.

The provider did not have a system for managing critical safety alerts to ensure alert recommendations were complied with and risks were minimised.

Managing information

The provider gathered data, in easily accessible formats, that would help them to understand performance and make decisions.

The registered manager took responsibility for the ownership of the organisation's information governance policies. Although the information governance policy prescribed that all staff were supposed to be trained in information governance, it was not clear how this training was delivered, or if it was formalised. The provider did not confirm it was delivered as part of mandatory training to all staff.

The staff handbook, in addition to the information governance policy and procedure, informed staff about principles of confidentiality and the importance of keeping an accurate and detailed record of any treatment.

The information governance policy revised by the provider in May 2022 was not fully relevant to the service. It made inaccurate references and guided to the Health and Social Care Information Centre website which had not been operational since 2016 as the organisation had changed its name. The policy stated it was the responsibility of the "practice manager" to update the policy annually to allow them to check if current guidance was considered. However, dates on the cover page indicated that it was to be reviewed every two years.

We observed that confidential information was stored in areas accessible to staff only or accessed on the computer or online by authorised staff.

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

Engagement

Leaders and staff had limited opportunities to form forums where they could actively engage with patients and other organisations involved in patient care.

Staff told us they felt engaged and their voice was valued. There were limited opportunities for engagement with patients to plan and manage services. The provider told us they asked patients for feedback and it was provided online. They monitored feedback to ensure they addressed any potential concerns.

Due to the nature of the service, there were limited opportunities for the service to engage with other providers.

Learning, continuous improvement and innovation

Inadequate

Surgery

The service used online cloud-based systems that supported them with the management of the regulated activity and record keeping. This supported undertaking staff appraisals or carrying out local audits and regular equipment checks amongst others.

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
Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints 16(2). The registered person did not establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

This section is primarily information for the provider

Enforcement actions

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
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure care and treatment were provided in a safe way for service users (12(1)). They did not always assess the risks to the health and safety of service users of receiving the care or treatment (12(2)(a)) and they did not do all that is reasonably practicable to mitigate any such risks (12(2)(b)). The provider did not ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely (12(2)(c)). The provider did not ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way (12(2)(a)). The provider did not ensure the proper and safe management of medicines (12(2)(g)). They did not fully assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated (12(2)(h)).

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have systems or processes to enable the registered person, to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services (17(2)(a)).

This section is primarily information for the provider

Enforcement actions

The provider did not have systems that allowed them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity (17(2)(a),(b)).

The provider did not keep all necessary records in relation to persons employed in the carrying on of the regulated activity (17(2)(d)(i)).