

Crown Clinic Limited

Crown Clinic Limited

Inspection report

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Date of inspection visit: 13 January 2022
Date of publication: 03/03/2022

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

Outstanding 

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

Summary of findings

Overall summary

This is the first time we have inspected and rated the service. We rated it outstanding because:

- The service took a holistic approach to assessing, planning and delivering high quality care that met or exceeded best practice guidance. Staff completed specialist training, participated in learning and sharing best practice and supported the provider to pioneer the use of innovative treatments. Staff actively engaged in activities to monitor the effectiveness of treatment and improve outcomes for patients. The service performed highly when comparable benchmarking opportunities were available.
- Patients were truly respected and valued as individuals and were full partners in their care. There was a strong, visible person-centred culture. Staff were motivated to provide exceptional practical and emotional support to patients and their families. Feedback from people who used the service was exceptional.
- People's individual needs and preferences were central to the delivery of tailored services. The service was flexible and provided patients with choice about continuity of care. The facilities and premises were excellent, and the design and layout of the clinic considered the needs of all patients. Leaders demonstrated a commitment to inclusivity.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service was not registered to receive patient safety alerts from the Central Alerting System (CAS). CAS alerts include safety information from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The service did not always record the exact type and dose of medicines they gave patients to take home.
- Some policies did not always reflect the activities of the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding 	We rated this service outstanding. See the summary above for details.



Summary of findings

Contents

Summary of this inspection

Background to Crown Clinic Limited

Page

5

Information about Crown Clinic Limited

6

Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

Summary of this inspection

Background to Crown Clinic Limited

Crown Clinic is operated by Crown Clinic Limited. The service was registered with us in September 2016 and is registered for surgical procedures and the treatment of disease, disorder or injury.

The service provides hair transplant cosmetic surgery and platelet-rich plasma hair restoration therapy for private fee-paying adults. The service offers scalp, beard, sideburn, eyebrow and eyelash transplants. The Provider has also used the clinic to treat a patient whose treatment was funded and arranged through the provider's involvement in charitable work. The patients to benefit from this charitable work include victims of burns and acid attacks and patients who have had cancer who cannot afford hair restoration treatment.

There are two main methods for hair transplants, this includes follicular unit extraction (FUE) where individual follicles are extracted from a donor site and implanted into the graft site. The alternative method is follicular unit transplantation (FUT) where a strip of scalp is removed from a donor site and sections implanted into the graft site. Crown Clinic provides both options dependent on the needs of patients.

There is currently no mandatory accredited qualification for hair transplant surgery in the United Kingdom. However, the surgical steps of the procedure should only be performed by a General Medical Council licenced doctor. The doctor who performed the hair transplant procedures at Crown Clinic was a licenced surgeon at the time of the inspection. The doctor was also the registered manager for the service and the director of Crown Clinic Limited.

The service employed a clinic manager and a patient coordinator. There were five hair transplant technicians and a theatre in charge (lead technician) who worked at the clinic on a self-employed basis.

We have not previously inspected this service. However, we monitored the service using our engagement and transitional monitoring approach. We did not receive any information of concern about the service prior to the inspection, and there were no serious incidents or safeguarding alerts.

The premises used to deliver the service is a leased suite within Global House near Manchester Airport. The building is set back off the road and has a secure car park area to the front. The Provider leases the whole ground floor of the building with only one foyer and two communal toilets not forming part of the clinic.

The clinic facilities are spread over several rooms which include:

- A large reception and waiting area
- Two large theatres for hair transplant surgery
- A platelet-rich plasma treatment room
- Sluice rooms
- Patient and staff toilets
- Patient rest rooms
- A staff kitchen
- A staff changing room
- A large storage room
- Several small storage rooms
- A large meeting room

Summary of this inspection

- The clinic manager's office
- The hair transplant surgeon's office

The service also has a small photographic studio area adjoined to the hair transplant surgeon's office. The area is used to take photos of patient's hair before treatment and at follow up appointments.

How we carried out this inspection

We inspected the service using our comprehensive inspection methodology. We carried out an unannounced inspection on 13 January 2022.

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.

During our inspection we interviewed the hair transplant surgeon (the registered manager), the clinic manager and patient coordinator jointly as well as some discussions with them individually. We also interviewed the theatre in charge and a hair transplant technician. We spoke to one patient who attended the service on the day of the inspection and five other patients by telephone the next day. We also looked at five patient records.

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

Outstanding practice

Areas of outstanding practice:

- The service pioneered the use of new treatments and live streamed their surgery to support the learning of other professionals.
- Staff used technology and distraction techniques to reduce pain and relax patients.
- Managers researched, tested and purchased the best available equipment to enhance the quality of procedures and produced publications about some of the equipment used.
- The service demonstrated a truly patient-centred culture and staff were committed to delivering excellent care to meet the needs of individuals.

Areas for improvement

Action the service MUST take to improve:

No actions identified.

Action the service SHOULD take to improve:

- The service should ensure that they always record the type and dose of medicines they give to patients to take home (Regulation 12 (2)(h)).







Summary of this inspection

- The service should receive, review and act on relevant patient safety alerts from the Central Alerting System (CAS) (Regulation 12 (2)(b)).
- The service should consider reviewing its policies to ensure that all policies are bespoke to the service delivered.
- The service should consider completing medicine audits more often to ensure that no expired medicine is missed.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	 Outstanding	 Outstanding	Good	Good	 Outstanding
Overall	Good	 Outstanding	 Outstanding	Good	Good	 Outstanding

Surgery

Safe	Good 
Effective	Outstanding 
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

Are Surgery safe?

Good 

We rated safe as good.

Mandatory training

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

All staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. A healthcare training provider delivered the mandatory training to all staff each year. Therefore, all staff had completed mandatory training within the last 12 months. Mandatory training included key topics such as infection control, basic life support, health and safety and information governance.

Staff also completed training on mental capacity, recognising and responding to patients with mental health needs, learning disabilities, autism and dementia as well other vulnerabilities.

Managers stored staff training records in individual files and kept these up to date.

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 safeguarding training suitable for their role. All staff received adult safeguarding training up to level two. Managers and lead roles also completed adult safeguarding training up to level three. Staff knew how to identify adults at risk of, or suffering, significant harm. The service had not needed to make a safeguarding referral before. However, staff verbally described how they would do this and who to talk to if they were concerned about a patient. Managers described how the service was inclusive and how the service would protect patients with protected characteristics.

No staff had completed child safeguarding training, however the service only treated adults, therefore the risk from this was low. The doctor explained that, although the service would treat adults over 18 years old, they would not perform hair transplant surgery on a patient under 25 years old without a parent present. The doctor explained that this precaution was in place to recognise the vulnerability of some young adults who feel anxious about their appearance and the difficulty of predicting how a patient's baldness might progress before this age.



Surgery

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

Clinical and non-clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff recorded the cleaning of all areas on daily cleaning schedules. Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that managers monitored cleaning schedules and completed infection control audits to ensure compliance. All patients we spoke to said that the clinic was clean and tidy, and staff wore PPE on the day they attended for their procedure.

Staff worked effectively to prevent surgical site infections. Staff cleaned equipment after patient contact. The service had clear systems in place to ensure staff separated clean and used equipment and used sluice rooms effectively for this purpose.

Staff used a desktop steriliser to decontaminate some of the instruments used during procedures. The use of desktop sterilisers is not in line with the Department of Health Technical Memorandum 01-01: management of surgical instruments (medical devices). There is an exception for dental providers to use bench top sterilisers in line with national guidance. For other services, the guidance recommends that desktop sterilisers should only be used as a last resort. If used, there 'should be measures in place to audit each use of the steriliser and identify which cycles are for the steriliser's routine validation and which are for surgical decontamination'. This audit should ensure that the steriliser is only used for instrument decontamination in exceptional circumstances. The doctor advised that they believed the exceptions made for dental providers also applied to less invasive surgical procedures such as hair transplants.

The service had systems in place to ensure that staff audited each use of the steriliser and completed daily validation and weekly helix tests. We also saw evidence of regular maintenance of the machine by an accredited engineer. Staff explained that most of the equipment they used was single use, so the amount of equipment decontaminated by the steriliser was minimised. The doctor advised they had invested in costly single use punches to significantly reduce the risk of infection. Punches are used during the implantation stage of procedures and are one of the pieces of equipment most likely to increase infection risk if not decontaminated correctly. The service also used other single use equipment such as bowls, scissors and blade holders to minimise the risk of infection.

The service implemented additional measures in response to the Coronavirus pandemic such as a one-way system, vaccination status checks and staff and patient testing. Managers recorded staff vaccinations and testing in personnel files. The service installed hand-gel dispensers and provided masks at the entrance. Patients we spoke to all completed Coronavirus tests before they visited the clinic, wore masks and decontaminated their hands when they arrived. Staff also used a fogging machine to disinfect the clinic at the end of each day. All clinical staff wore new, disposable scrubs which they changed into when they arrived at the clinic.

The service used records to identify how well the service prevented infections. Managers monitored the number of hair transplants they performed each year and recorded any complications that arose.



Surgery

Environment and equipment

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

The design of the environment followed national guidance and exceeded Cosmetic Practice Standards Authority (CPSA) guidance for hair transplant practice environments and the service had enough suitable equipment to help them to safely care for patients. Staff carried out regular safety checks of specialist equipment and all the equipment we looked at had portable appliance testing (PAT) within the last year.

Managers explained that the design and layout of the two theatres enhanced the quality of procedures by assisting staff to perform their duties more easily and enhancing patient experience. The theatres and treatment room were spacious and well lit and had a large workspace for the technicians to perform their roles. Theatres contained specialist equipment for technicians to use and ergonomic chairs to promote good posture. The theatre rooms contained adjustable surgical beds which were in line with guidance, clean and well maintained. As recommended, the theatre rooms also contained mirrors and wall clocks so that patients could keep track of their procedure. Patients were able to watch their choice of television programmes on large screens during their surgery. Patients had their own rest rooms next to each theatre.

The service had multiple storage rooms for various stock, cleaning equipment, medicines and sharps bins. All rooms in the clinic, except the toilets, had secure keypad entry locks. We found that stock and cleaning equipment was stored appropriately and in date. We found some of the stock and equipment stored in unlocked cabinets. However, the cabinets were inside the locked storage rooms and only accessible to staff.

Staff managed clinical waste safely. Each treatment room contained appropriate clinical and general waste disposal bins. We saw that staff took clinical waste bags through the back of the clinic to a secure clinical waste wheelie bin at the side of the building. Staff sealed used sharps bins and stored them in a locked storage room. We found staff had not recorded an assembly date on some of the sharps bins that were in use. However, staff advised that they sealed all sharps bins regularly, in line with their collection schedule. The service had appropriate contracts in place for weekly collection of sharps and clinical waste. The service also had appropriate environmental and Control of Substances Hazardous to Health (COSHH) risk assessments in place.

The service had suitable facilities to meet the needs of patients' families. There were accessible toilet facilities available for patients and visitors to use. Patients and their visitors had access to patient rest rooms on the day of their procedure. The clinic also had a large reception and waiting area with large sofas and access to refreshments.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

The service identified patient risks through a medical questionnaire completed by each patient before their consultation. The doctor reviewed each medical questionnaire and discussed any possible risks with patients at their initial consultation. The doctor recorded this discussion in the patients' notes. Staff were able to verbally describe the possible risks that might exclude patients from treatment. At consultation, the service provided patients with a patient's guide to hair restoration which also listed possible exclusions.

Staff discussed mental health and wellbeing with patients and were mindful about making sure that patients did not have unrealistic expectations for the procedures. The medical questionnaire included a psychological evaluation and patients



Surgery

completed a self-evaluation tool. The Doctor advised that they routinely discuss the results of the evaluations with patients to identify any possible mental or emotional health risks. They advised they would discuss any concerns with a patient's GP or other relevant professional. The doctor was able to verbally describe a situation where they had supported a patient with depression to access support through their GP and delayed their treatment until they were sure it was appropriate.

The service did not routinely collect patients' GP details. However, managers and staff advised that the doctor would ask for consent to contact a patient's GP if they had any concerns before, during or after consultation or surgery. The doctor would then contact the patients' GP to discuss possible treatment. Staff gave examples of cases where this happened. We saw some patients' records contained information from their GP.

On the day of surgery, patients had a second consultation with the doctor to review their risks, plans for the procedure and consent. The doctor would then hold a theatre team briefing to discuss these with the technicians and theatre in charge. Briefings lasted around 15 minutes and staff brought patient notes into theatre so that they could update them throughout the procedure.

Staff used a standardised tool to identify deteriorating patients and escalated them appropriately. The clinic also used a surgical safety checklist developed by the British Association of Hair Restoration Surgery (BAHRS) specifically to improve patient safety in hair transplant surgery. Staff recorded patients' vital observations such as pulse and blood pressure before and after, and at regular intervals during the procedure depending on length. Staff recorded patient observations on all the records we looked at. They were able to describe risks and incidents that might happen during a procedure and how they would manage them. The clinic had medicine such as adrenaline on site to use in medical emergencies and all staff had completed basic life support training. The service did not have a defibrillator on site. Managers felt that a defibrillator was not needed due to the low risk nature of the procedures and closeness to emergency services. They also explained that no procedures would take place without the doctor present. The Cosmetic Practice Standards Authority (CPSA) guidance for hair transplant clinics does not require clinics to have a defibrillator on site. The service had an escalation policy and all staff had signed a checklist to confirm they had read it.

Patients told us that they felt very safe throughout their procedures and that staff regularly checked how they were. They said they received all the information they needed during their consultation and on the day of their surgery and would know how to contact the doctor if they needed to.

Staffing

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

The surgeon who performed all hair transplant procedures was also the registered manager and owner of Crown Clinic Limited. The service also employed a clinic manager and a patient coordinator full-time. There were five hair transplant technicians and a theatre in charge (lead technician) who worked at the clinic on a self-employed basis.

Managers scheduled the hair technicians and theatre in charge to work in line with booked procedures. Technicians advised that they received their rotas in good time and had enough hours that they did not need to work anywhere else. We saw that most staff had worked at the clinic for a long time and some staff advised that they chose to work at the clinic despite living far away.



Surgery

The service exceeded the staffing requirement recommended by the Cosmetic Practice Standards Authority (CPSA). This stated that one surgeon a technician and one other member of staff should be available for each procedure. We saw that the clinic exceeded this guidance by scheduling four technicians for most procedures. Managers advised that they chose to use more technicians in order to improve the quality of the procedures by reducing the time hair follicles were outside of the patients' body.

Records

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

Patient notes were comprehensive, and all staff could access them easily. All patient records were paper based and contained forms and notes from each stage of patients' journeys from initial enquiry to follow up care.

Consultations and procedures were doctor led and all information was handed over to technicians at theatre team briefings before each procedure. Theatre staff updated patient notes throughout the procedure. Staff updated the surgical notes section of the record which included patients' vital observations and surgical checklist. The doctor also recorded what medicines patients received.

All patient records were stored securely inside a large records storage room. We saw records were organised appropriately, and staff were able to find them easily.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The doctors used the correct formula to calculate and record the maximum dose of local anaesthetic a patient would receive on the day of their procedure. They also recorded the actual dose of local anaesthetic they gave to patients.

The doctor also prescribed medicines, such as antibiotics, for the patients to take home. However, they did not always record the doses the patient received. The doctor advised this was because they prescribed the same course of antibiotics to each patient after each hair transplant procedure, so they always knew what dose patients received. Staff acknowledged that this might not be clear to someone outside of their organisation and said they would record these details in future.

The doctor discussed medicines with all patients during their pre-surgery consultations and recorded this in the patient's notes. Patients also gave written consent to receiving medicines when they signed their consent forms. The service provided patients with information about the medicines in the patient's guide and pre and post operative instructions booklets. All the patients we spoke to said they received information about the medicines more than once and received the manufacturer patient information leaflet in the packaging. They were aware of what they should take and when and how to contact the clinic if they had any questions.

Staff stored medicines in lockable cabinets in the theatres or storage rooms. We saw evidence that staff performed regular audits of medicines to identify any that had expired. However, during our inspection, we found 2 ampoules of adrenaline that expired a short time before the inspection. We found these in the treatment room. Managers explained they had not used the treatment room for a few weeks due to the Christmas holidays and that they would have identified the expired medicines during their next audit and before the room was next used.



Surgery

The service had a medicines policy in place and staff had signed to confirm they had read it.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. However, managers did not ensure actions from patient safety alerts were implemented and monitored.

There was an incident reporting policy that outlined the process for identifying and reporting incidents. Staff were aware of the process for reporting any identified risks to patients, staff and visitors. All incidents were logged using a paper-based incident logbook.

There had been no patient deaths, never events or serious incidents reported by the service during the past 12 months. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

The registered manager was responsible for overseeing the process for managing and investigating incidents. The registered manager told us any reported incidents would be reviewed and discussed at team meetings so shared learning could take place.

Staff understood the need to be open and honest with patients when errors occur. The service had not reported any patient safety incidents that met the requirements for the duty of candour process. However, managers explained how they would involve patients and their families in the process if an incident were to happen. We saw that staff had recorded two other incidents in the logbook however, due to the nature of these incidents, they did not require an investigation and did not relate to patient safety.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

The registered manager was aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations.

The service was not registered to receive patient safety alerts from the Central Alerting System (CAS). CAS alerts include important safety information from the Medicines and Healthcare products Regulatory Agency (MHRA). Services should use these to learn from safety incidents and improve practice. The provider told us they had not registered to receive the alerts. The doctor felt that they did not need to register because most alerts were not relevant to hair transplant surgery and the service used a limited range of medicines. They were confident that they would receive any relevant alerts through their membership of professional bodies such as the British Association of Hair Restoration Society.

Are Surgery effective?



We rated effective as outstanding.



Surgery

Evidence-based care and treatment

The service took a holistic approach to providing excellent care and treatment based on best practice guidance. Managers checked to make sure staff followed guidance. The service exceeded cosmetic surgery standards published by the Royal College of Surgeons.

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. The service had also implemented relevant aspects of the National Institute for Health and Care Excellence (NICE) guidance. The clinic used World Health Organisation (WHO) tools that had been adapted by BAHRS specifically for use in hair transplant surgery to promote patient safety and outcomes. The service had an audit schedule in place and was able to provide evidence of previous audits to ensure compliance with best practice guidance.

We saw evidence that managers and staff had attended several conferences and workshops run by hair transplant professional bodies to share best practice. The clinic's doctor has pioneered the use of eyelash transplant procedures and was the first surgeon in the United Kingdom to perform one. As a result, the doctor and his team had live streamed some of their more complex procedures into conferences to support the learning of other hair transplant professionals.

The design and layout of the clinic, especially the theatre rooms, exceeded Cosmetic Practice Standards Authority (CPSA) guidance for hair transplant practice environments which enhanced the patient experience and promoted staff wellbeing. Managers evidenced that they had researched the best available equipment to enhance the quality of procedures, including travelling abroad to test equipment before purchasing it. The doctor had also co-authored some publications about the use of some equipment in hair transplant surgery such as the motorised sharp punch in follicular unit extraction.

The team demonstrated a holistic approach to assessing, planning and delivering care and treatment. The service did not treat patients with mental health issues without discussion and agreement from relevant professionals. All patients who attended consultation for a hair transplant procedure had an in-depth psychological evaluation and completed a self-assessment tool. The doctor discussed the results of the evaluations with all patients at their consultation. If required, the doctor would gain patients' consent to contact relevant professionals and refer them for further support. Staff told us about an example involving a patient who they supported to access counselling before starting treatment.

All staff had completed training in the Mental Health Act, Mental Capacity Act and a range of vulnerabilities. Staff fully understood the possible personal, social and emotional impact of hair loss on patients and could describe how they would identify patients who were struggling. Staff discussed the specific needs of each patient at theatre team briefings before and after each procedure. This included the patients' reason for seeking treatment and any anxieties they had.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink including those with specific dietary requirements. We saw that they stocked patient rest rooms with a variety of drinks and snacks and would ask each patient what they would like for lunch on the day of their procedure. Staff gave examples of times they had sourced kosher, halal or vegan food to suit a patient's needs.



Surgery

The service provided patients with pre-operative information that explained that patients should ensure they have breakfast the morning of their procedure. Staff would then check with patients when they arrived and would provide them with breakfast if they hadn't eaten. The service had a contract in place with a local hotel to provide bed and breakfast to patients who had travelled to the area the night before their procedure. The service provided patients with information about what they shouldn't eat or drink in the lead up to their procedure.

All patients we spoke to said they were happy with the food and drink the service provided.

Pain relief

Staff used evidence-based technology to prevent and reduce pain. They assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Hair transplant surgery is a relatively pain free procedure. However, staff recognised that patients were most likely to experience some minor pain when receiving their local anaesthetic injection. Therefore, the service used a vibrating distraction device on patients when they received their injection. Vibration distraction devices reduce pain sensitivity by inducing stimulation analgesia and helping the patient to relax. Staff advised that they would continue use of the device if a patient requested it.

Staff completed a standardised tool to record their interactions and observations of patients during procedures. Staff used the tool to record a pain score between zero and three at regular intervals. They advised us that the doctor would always provide pain relief to patients straight away if it was safe to do so.

The doctor prescribed pain killers for each patient to take home. The service provided detailed instructions on when and how to take pain relief if the patient needed it. The post-operative instructions advised patients to contact the clinic if they still felt any pain three days after their procedure. Staff discussed this with patients before they left. The service would offer patients the opportunity to attend the clinic for a review if they were worried about pain at any time after their procedure.

Patient outcomes

The service achieved high standards and actively engaged in activities to monitor and improve quality and outcomes and benchmarked them against national standards. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and exceeded national standards. The service monitored the number of procedures completed and number of complications reported by patients in order to track their complication rate. The service had a complication rate of under three percent in the last three years. In the year before the inspection the service performed 171 procedures with only one complication reported. This included minor complications and infections. There is no national standard for complication rates in hair transplant surgery however, managers advised that the service routinely seeks opportunities to compare rates to other clinics through peer reviews and discussions at conferences. One patient we spoke to told us that they had approached Crown Clinic for treatment to revise a complication they had experienced with a different hair transplant provider.

Managers advised that they would invite patients who reported a complication back to the clinic for a review straight away. They told us that the doctor would share learning from complications with the patient and staff.



Surgery

The service monitored their transection rates on a case by case basis. Transection occurs when the hair follicles are cut or damaged during the procedure. The British Association of Hair Restoration Surgery (BAHRS) described an acceptable transection rate as ten percent with the gold standard being below five percent. The service reported an average transection rate of between one and two percent.

The service had an audit schedule in place and was able to provide evidence of previous audits to ensure compliance with best practice guidance. Staff discussed performance at team meetings.

Competent staff

The service made sure staff were competent for their roles and provided specialist training. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The service supported staff to access continuing professional development opportunities.

Clinical staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The surgical steps of a hair transplant procedure should only be performed by a General Medical Council (GMC) licenced doctor. The doctor who performed the hair transplant procedures at Crown Clinic is a qualified surgeon. The doctor is also the registered manager for the service and the director of Crown Clinic Limited. The doctor complied with GMC requirements for appraisal and revalidation and responsible officer services through the Independent Doctor's Federation. They had also exceeded the minimum recommended Continuing Professional Development (CPD) credits by accruing an average of 65 credits each year. The British Association of Hair Restoration Surgery (BAHRS) recommended that hair transplant surgeons try to accrue 50 credits each year.

Relevant professional bodies recognise the doctor as an expert in hair transplant surgery and they are a fellow member of The International Society of Hair Restoration Surgery and The British Association of Hair Restoration Surgery (BAHRS). They attend and deliver national and international training. The doctor is also the president of the Trichological Society. Trichology is the science of the structure, function and disease of human hair.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. As a leading commentator and lecturer on hair transplantation, the doctor was able to provide all staff with specialist training in-house. Technicians also received a comprehensive induction. The induction involved both mandatory training and achieving several competencies relating to their duties such as graft cutting, planting, decontamination and use of the equipment. Managers used a checklist to assess and sign off each technician as competent. They then revisited the competencies with technicians in their routine supervisions to identify any performance or training issues and support them to improve. Although they were self-employed, the service encouraged technicians to attend conferences and access other CPD opportunities and contributed to the cost of these. The service had a policy in place that detailed the level of contribution the service would make dependent on the length of time the technician had worked at the clinic.

The service employed a clinic manager and patient coordinator. The service encouraged these staff to access CPD opportunities and had paid for them to attend additional training relevant to their roles. The service also funded other courses for their professional development as identified through their appraisals. Staff we spoke to said they felt well supported and gave examples of conferences or courses they had attended.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. All staff attended quarterly team meetings. Managers circulated an agenda and minutes of the meetings which listed the topics discussed as well as actions from the meeting and who was responsible for them.



Surgery

Multidisciplinary working

The team worked well together to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The theatre team held briefings before each procedure to discuss the specific needs of each patient and plans for the surgery. They communicated with each other and the patient throughout the procedure and worked together to plan aftercare.

All staff attended quarterly team meetings to discuss patients as well as incidents, performance and other topics relating to service delivery. Staff we spoke to said the team worked well together and that there was a happy and supportive culture.

With consent, staff communicated with patients' GPs and other health professionals in line with the individual needs of patients.

Seven-day services

Staff were available to patients seven days a week to support timely patient care.

The service booked appointments in line with patient need and the availability of the doctor. Staff booked procedures well in advance to allow for the patient cooling off period and so staff knew their rota well in advance.

Staff had regular contact with patients in the days immediately after their procedure and patients were able to contact staff out of hours on an on-call mobile number. One patient we spoke to said they had sent a question by text message and had received a response from the doctor within a few hours.

Some patients travelled a long way to have their procedures at the clinic. For this reason, the clinic encouraged patients to choose their follow up appointment structure. Patients who lived nearby, or were willing to travel, could attend reviews at the clinic if they wanted to. Other patients chose to attend reviews remotely.

Health promotion

The service actively promoted a healthy lifestyle. 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 of at least 14 days between stages. They understood how to support patients.

The service gave patients advice and information to promote a healthy lifestyle. The information they gave patients was mostly to ensure patients had the best opportunity for their hair transplant to work well by promoting hair growth. However, the pre and post-operative information also included general advice such as exercise, sleep routines and the avoidance of alcohol and smoking. The service routinely provided hair transplant patients with multi-vitamins and protein shakes to take in the week after their procedure if they wanted them.

The doctor completed holistic assessments of patients at their consultation and routinely gave advice to promote a healthy lifestyle and signposted them to other services if required.

The service sent pre-screening forms to patients after they had booked their initial consultation. Patients would then bring their forms to their consultation with the doctor. The doctor discussed the contents of the forms with each patient at their appointment. On the day of their procedure, patients attended another consultation with the doctor and gave their consent.



Surgery

The service operated a mandatory 14 day cooling off period in line with guidance. However, the service had a process to allow patients to waive their right to the cooling off period by signing a disclaimer. The service had clearly documented this process and made it clear to patients that the guidance recommended they wait the full 14 days before treatment.

Are Surgery caring?

Outstanding



We rated caring as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong patient-centred culture at all levels within the service.

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. On the day of our inspection we saw staff laughing and joking with a patient as well as supporting them to find the programmes they wanted to watch during their procedure. On the day of their surgery patients had access to their own rest room. We saw that staff would knock on the door of the rest room to check-in with patients during their breaks and ask if there was anything they needed.

Patients said staff treated them well and with kindness. All the patients we spoke to told us they were extremely happy with the way staff treated them. One patient said, 'I would give them fifteen out of ten, from reception to the end they were a great team with no faults at all!'

The service provided each patient with a post treatment questionnaire and patient testimonial form to complete and a pre-paid envelope to send them back. Staff reviewed all patient feedback to identify any areas for improvement. We looked at several patient testimonies. The testimonials were consistently positive with patients using words such as 'exceptional', 'amazing', 'professional' and 'patient-focused' to describe their experiences with staff. Patients and staff gave several examples of times they felt that staff had gone the extra mile to make the patients' experience the best they could be.

Staff understood and respected the cultural and religious needs of patients and how they may relate to care needs. Staff were able to give examples of how they would adapt treatment to meet the cultural and religious needs of patients such as providing rooms for prayer.

Staff followed policy to keep patient care and treatment confidential. Staff kept doors closed during consultations and procedures, stored patient information securely and had completed information governance training. Staff told us that they would not discuss patients outside of work and that they would not use their personal phones to take work-related pictures.

Emotional support

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



Surgery

Staff gave patients and those close to them help, emotional support and advice when they needed it. They understood the personal, social and emotional impact that hair loss had on patients and showed an understanding and non-judgemental attitude when discussing them. They gave examples of times they had comforted patients who were upset or anxious and provided them with emotional support or employed distraction techniques during their procedure. The service had a stock of stress toys they would give to anxious patients to play with during their procedure.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients had access to their own rest room on the day of their procedure. Staff explained that patients could ask for a break and visit their room or the bathroom at any time if they needed to. Staff would also prompt a break in treatment if they felt the patient need one.

Staff made patients fully aware of any possible limitations to their treatment and the expected results to ensure that they did not have unrealistic expectations or suffer disappointment. The doctor explained that some patients would not be suitable for some types of treatment and that they were careful to explain this to patients sensitively and offer alternative support.

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 and those close to them understood their care and treatment. The service would discuss their treatment with patients' families, friends or carers if patients wanted them to. The service had a policy to not treat patients under 25 years old without their parent or carers agreement. The doctor explained that this precaution was in place to recognise the vulnerability of some young adults who feel anxious about their appearance and the difficulty of predicting how a patient's baldness might progress before this age.

Staff explained that patients' family or friends could attend consultations with them and could also wait in the patient rest rooms or waiting area whilst patients had their treatment. The service would provide food and drinks to patient's family and friends if they attended with them and they could also stay at the hotel that the service provided to patients who travelled from far away.

Although the clinic had a contract in place with translation services, staff gave examples where patients' relatives or friends had supported patients whose first language was not English to ensure they were able to fully understand their condition and make decisions about their treatment.

Are Surgery responsive?

Good



We rated responsive as good.

Service delivery to meet the needs of local people.

Patients individual needs and preferences were central to the delivery of tailored services. The service planned and provided care in a way that met the needs of local people and the communities they served.



Surgery

Managers planned and organised services, so they met the needs of the local population. However, patients did not have to be local to access the service if they were willing to travel for appointments at the clinic. Patients who lived far away from the clinic could have some of their appointments remotely and the clinic was convenient to Manchester airport for those patients who had travelled internationally for their treatment. The service had a contract in place with a local hotel to offer patients bed and breakfast the night before and evening of their procedure if they needed it. The contract also allowed for patients to travel to the clinic by using the hotel's airport shuttle service.

The clinic facilities and premises met the needs of individuals. Managers had ensured that the design and layout of the clinic were accessible to all patients and exceeded the standards required by the Cosmetic Practice Standards Authority (CPSA). Managers had ensured that the environment was comfortable for patients and the families. Each patient had access to their own private rest room on the day of the procedure. The rest rooms contained a fridge, sofa, table, wardrobe, entertainment and drink making facilities. Each rest room was located next to a bathroom and to the theatre room where they had their procedure. The clinic was easily accessible by public transport and had a secure car park for visitors to use.

The provider understood the patient group well and had a full range of hair transplant procedures available. This included the two main methods of head hair transplants as well as the more complex beard, sideburns, eyebrow and eyelash transplants. Eyelash transplants particularly were an innovative practice in the UK that the clinic's doctor pioneered predominantly for use with patients who had been victims of burns or acid attacks.

The service also offered a range of non-surgical treatments to patients' whose conditions did not warrant a hair transplant. The doctor advised they would never suggest a hair transplant if they could meet patients' needs through a less invasive procedure.

Meeting people's individual needs

There was a proactive and inclusive approach to understanding the needs and preferences of the groups of patients who accessed the service. Staff made reasonable adjustments to help patients access services. Where required, they coordinated care with other service 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 in place which covered the needs of patients with disabilities. Managers provided examples of reasonable adjustments they had made for patients with disabilities such as installing a ramp. They recalled one patient who used a wheelchair had used the ramp and had been able to easily access all the clinic facilities due to the spacious rooms, layout and accessible bathroom.

The service advised they could provide patients with information leaflets in alternative languages if they needed them. They had arrangements in place to access interpreters or signers if patients wanted them. However, staff advised that most patients who spoke a different language had brought family or friends with them to translate. Staff would check whether patients needed any special adjustments when they booked their appointment.

The service provided patients with food and drink that met their cultural or religious needs and dietary requirements. Staff asked patients what they would like to eat and ordered it for them. Staff were able to give other examples of how they would meet the needs of patients' cultural or religious needs such as providing rooms for prayer. The manager also recognised that there was a national increase in transgender patients seeking hair transplant surgery and wanted to ensure that the service was accessible to them.



Surgery

Staff understood patients' personal, cultural and religious needs. Staff gave examples of considerations they'd have for the needs of patients from different religious and cultural groups and the LGBTQ+ community. For example, managers told us that the service did not use gender specific signage on bathrooms as they wanted to be accessible to non-binary patients. All staff had completed equality and diversity training.

The service would not treat patients with mental health issues without discussion and agreement from relevant professionals. All patients who attended consultation for a hair transplant procedure had a psychological evaluation and completed a self-assessment tool. The doctor discussed the results of the evaluations with all patients at their consultation. If required, the doctor would gain patients' consent to contact relevant professionals and refer them for further support. Staff told us about an example involving a patient who they supported to access counselling before starting treatment.

Access and flow

People could access the service when they needed it and received the right care promptly. The service ensured patients were at the centre of all decision making regarding their appointments.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within the timeframes they agreed with patients. Patients were at the centre of the decisions made about appointments. All patients we spoke to said that they chose appointments dates and times that suited them. Patients could book appointments with the service by phone or through the website.

Patients who lived far away from the clinic were able to attend their initial consultation remotely. The service was able to offer consultations at a clinic in London if this was easier for the patients to attend.

The service worked hard to ensure that patients' procedures were not longer than they needed to be but were still of excellent quality. Managers explained that they scheduled more than enough technicians for each procedure to improve the efficiency and quality of the treatment as well as the patient's experience. However, the service did not want patients to feel rushed and would ensure that they had access to their patient rest room for as long as they needed it after their procedure.

The service monitored and took action to minimise missed appointments. The service very rarely experienced missed appointments as patients paid for their consultation in advance. Several hair transplant clinics offer free consultations however these consultations are not usually with the doctor who performs the surgery. At Crown Clinic, the doctor held all patient consultations. Managers felt that charging a fee for doctor-led consultations attracted patients who had thought properly about their hair loss and would be committed to working with the clinic to achieve positive results. This would minimise the risk of missed appointments and waiting times.

The service provided patients with good aftercare information including a patient's guide and post-operative instructions. Staff kept in contact with patients in the days immediately after their procedure and patients were given a mobile phone number to contact out of hours if they wanted to. One patient we spoke to said they had sent photos of their progress to the service via WhatsApp and staff had responded quickly.

The service offered patients two in-person follow up appointments which were included in the price of their procedure. Patients could arrange these follow up appointments for any date within two years of their procedure. Patients were able to pay for further follow up appointments if they wanted to. It can take between 12 and 18 months to see the full results of hair transplant surgery. Therefore, managers preferred to encourage patients to decide when they would like to attend follow up appointments as they did not want to ask them to travel unnecessarily.



Surgery

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. The service had a system for referring unresolved complaints for independent review.

Patients, relatives and carers knew how to complain or raise concerns. All patients we spoke to said they would have known how to complain if they wanted to. The service provided patients with a post-operative instruction booklet that encouraged them to contact the service if they were not pleased with the care or treatment.

Staff understood the policy on complaints and knew how to handle them. All staff could receive complaints and feed them into the complaints process. The service encouraged staff to involve patients in the complaints process. The policy took account of receiving complaints from people with communication difficulties and advised staff to offer patients support to complain.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The registered manager had responsibility for responding to, investigating and resolving complaints quickly and effectively. The policy encouraged staff to support patients who were unhappy with the outcome of their complaint to contact the Independent Sector Complaints Adjudication Service (ISCAS).

The service had a process for reviewing complaints to identify themes and learning opportunities. We saw that managers collected data on complaints and patient feedback and that the service had not received any complaints in the three years before our inspection. Managers collected data from patient's post-surgical questionnaires and patient testimonials. The feedback from these was consistently positive.

Are Surgery well-led?

Good



We rated well-led 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.

The registered manager led the service with support from the clinic manager and other lead staff roles. They were responsible for the governance of the service as well as care and treatment to patients. All staff we spoke to were overwhelmingly positive about the leaders of the service and their wider staff team. Staff explained that the doctor was an expert in the field of hair transplants and that they were extremely pleased to work at the service due to the expertise, professionalism and 'open-door' policy. Patients we spoke to described staff as very knowledgeable, kind and professional.

All leaders maintained their skills and knowledge through clinical practice and continuing professional development and encouraged staff to do the same. Some staff were able to further their experience in the field through supporting the doctor with their charitable work.



Surgery

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

Although the service did not have a documented strategy, managers explained that their aims for the service were to continue to deliver a high standard of care and treatment to patients and knew how they would achieve this. The registered manager intended to continue to pioneer new techniques and contribute to the field of work on an international scale to maintain a positive reputation for the service and support more patients.

The provider recognised they would need to take a lesser role in the service as they approached retirement and discussed plans to train another doctor to help maintain the quality and level of service delivered. Leaders and the team were aware of the important role that staff would play in supporting and training a new medical practitioner.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. 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 colleagues. Staff told us they enjoyed working at the service and were proud to be associated with the organisation. Some staff explained that they travelled a long distance to work at the clinic because of its reputation and the support they received.

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

The culture of the service was open and honest, and leaders showed high levels of integrity. The managers told us they reviewed patient's needs and provided them with honest and accurate recommendations. At times this included advising patients not to progress to surgical treatment. They preferred to support patients to explore all other treatment options to achieve their desired outcome. We spoke to one patient who the doctor had recommended they did not have a transplant procedure. They told us they were grateful for the service's honesty and not given a 'hard sell'.

Patients and staff were able to give feedback easily. Managers reviewed all feedback to identify learning opportunities and improve practice. Leaders prided themselves on the inclusivity of the service and were proud of the range of treatments they were able to offer.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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 support from a consultancy service to establish a clear structure for governance processes. The service therefore had a full range of policies and procedures in place to comply with legal requirements. Managers reviewed the policies each year and updated them if required. All policies were in date at the time of our inspection and staff had signed to confirm they had read them. However, some policies were not always specific to the activities of the service. One policy stated the service was registered to receive patient safety alerts from the Central Alerting System (CAS). However, managers told us they had not registered to receive them.



Surgery

Staff at all levels were clear about their roles and responsibilities. The service held quarterly all staff meetings. We saw managers had a structured agenda for staff meetings and they circulated the minutes to staff in good time. Staff meeting minutes identified actions and who was responsible for completing them. Staff said they felt well supported in their roles and had good relationships with their line managers.

The service held a personnel file for each member of staff. The files contained evidence of robust recruitment processes and included important documents such as disclosure and barring service (DBS) certificates, references and training records. Managers reviewed and updated the files on a regular basis. The service had also collected evidence of staff vaccination status in light of the coronavirus pandemic.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service did not have a documented business continuity plan. However, managers felt, because they had access to another clinic if they needed it, that risks to service delivery was minimal. They explained that all technicians were self-employed and that this reduced the risk of financial pressure if they were unable to deliver the service. Self-employed staff advised they were happy with their working arrangements and that the service had supported them throughout the coronavirus pandemic. The building had an emergency generator to use in the event of a power failure.

The service also had appropriate environmental and Control of Substances Hazardous to Health (COSHH) risk assessments in place. We found evidence of routine quality monitoring and audit of processes such as infection control.

The service had appropriate indemnity insurance arrangements in place to cover all activities and staff.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service used paper-based systems for staff and patient records. This was based on the managers preference. Staff stored patient records securely in the records storage room and were able to find them easily. They would take these into theatre to update them during procedures. Managers stored staff files securely and updated them regularly.

The service had an information governance policy in place. Staff signed to confirm they had read the policy and completed information governance training.

The services had a website for patients to use to research the service's treatments, staff and patient testimonials. Patients could also use the website to book consultations or ask questions. Managers ensured the website up to date and added new case studies and testimonials regularly.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.



Surgery

The service collected formal feedback through the post-operative questionnaire and patient testimonial forms. Staff also encouraged patients to leave google reviews online. Managers reviewed all patient feedback to identify any learning opportunities.

Staff advised that they felt able to provide feedback or make suggestions at any time. The service held quarterly staff meetings and we saw meeting minutes where staff had contributed.

As part of their appraisal and revalidation the doctor had participated in a 360-degree feedback process. The process considered feedback from staff, patients and peers and the doctor had reviewed the results and discussed plans on how to use the feedback in practice.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Managers told us they continually looked for ways to improve the service. They were committed to ensuring that staff and patients had a voice to contribute to service improvement. Staff had opportunities to attend workshops and conferences run by hair transplant professional bodies so they could contribute to sharing best practice.

The service was involved in an ongoing research programme in collaboration with the University of Manchester's Centre for Dermatology Research. The research aimed to support the discovery of new methods to treat skin and hair disorders. Some Crown Clinic patients participated in the research by donating skin tissue samples and providing health information about themselves. The service provided patients with all the information they needed to help them decide if they wanted to participate. Patients signed a consent form to participate and understood they could withdraw their consent at any time.