Cosmetics Surgery Limited

My Hair Transplant Clinics

Inspection report

158 - 160
Kenton Road
Harrow
HA3 8AZ
Tel: 02036212370
www.myhairtransplantclinics.com

Date of inspection visit: 14 February 2023
Date of publication: 04/04/2023

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risk to patients, acted on them and kept good care records. The service had policies in place to manage incidents well and had the scope to practice shared learning.
- Staff provided care and treatment based on national guidance and evidence-based practice. Managers monitored the effectiveness of the service and recorded good outcomes for patients. Managers ensured staff were competent in their roles. Patients were given pain relief when required. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to take account of patient's individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait long for treatment.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values and demonstrated this in their work. Staff felt respected, supported and valued. They were focused on the needs of the patient receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to continual improvement.

However:

- The service did not always manage medicines well and we found out of date medication at the service. We also found medication intended for single use stored in medicine cabinets and not discarded after the initial use. However, they were quick to rectify errors in medicine management.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This was the first time we rated this service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their procedure and after care. They provided emotional support to patients, families and carers. • The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

However:

- The service did not always manage medicines well and we found out of date medication at the service. We also found medication intended for single use stored in medicine cabinets and not discarded after the initial use. However, they were quick to rectify errors in medicine management.

Summary of findings

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Summary of this inspection

Background to My Hair Transplant Clinics

My Hair Transplant Clinics is operated by Cosmetics Surgery Limited. Cosmetics Surgery Limited specialises in hair loss treatments and providers consultations from other locations within England. My Hair Transplant Clinics provides consultation, examinations and hair transplants. All surgeries are day cases and there are no overnight facilities. The clinic consisted of 10 procedure rooms. Four surgeons were employed and 22 Surgical Assistants, 8 of which were part time.

We spoke with two surgeons, the clinical manager, four Surgical Assistants, two IT support workers and four patients.

The clinic provides hair loss treatment to both male and female patients.

We carried out the announced inspection on 14 February 2023.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was carried out by a CQC inspector and specialist advisor. The inspection was overseen by Nicola Wise, CQC Deputy Director.

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

We found the following outstanding practice:

- Surgical Assistants were given thorough ongoing training which was created by the surgeons. The training was specialised and unique for the services provided. The competencies were checked every three months by surgeons and plans were put in place for staff members that required additional training. Surgical Assistants had an extended role but thorough and robust processes were put in place to support them and protect the patient.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust 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 SHOULD take to improve:

- The service should ensure that improved systems and processes for monitoring and managing the safe storage of medicines are embedded.
- The service should ensure that all single use medical consumables are promptly discarded after use.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Requires Improvement

This was the first time we rated Safe. We rated it as requires improvement.

Mandatory training

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

All clinical staff received and kept up to date with their mandatory training. Systems were in place to ensure that mandatory training was kept up to date. Managers monitored mandatory training and alerted staff when they needed to update their training. A traffic light system was used to identify completed, due and expired training. All staff had completed 100% of their training.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules included fire safety, equality and diversity, and conflict resolution.

Clinical staff completed training that included infection prevention and control and autism awareness.

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 online training specific for their role on how to recognise and report abuse. Training records showed 100% compliance for safeguarding of vulnerable adults level three and for safeguarding children level two.

Surgical Assistants could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of or suffering, significant harm. When questioned clinical and non-clinical staff were able to give examples of abuse and knew how to report a safeguarding concern.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We looked at the safeguarding policy and procedure and saw a safeguarding flowchart. Staff could easily follow the flowchart to find relevant contact

information to make a referral to the local authorities within the area. This flowchart was also displayed on the wall in the service for easy reference. The policy was revised 1 September 2022 and had a review date for 1 September 2023. However, not all forms of abuse had been listed in the policy for example the policy did not make reference to modern slavery. We spoke to the registered manager regarding this, and the policy has since been updated to reflect this.

The registered manager was the safeguarding lead trained to level four.

All staff had a Disclosure and Barring Service (DBS) check on initial employment.

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.

Treatment and non-treatment areas were visibly clean and had suitable furnishings which were dust free and well-maintained. The treatment couch was clean and wipeable and pedal bins were in use to minimise risk of infection. Patients we spoke with described the service as clean.

Unlike many other surgical procedures, hair transplant surgery is not performed under sterile conditions. Only one patient, per room, per day can be treated at this service. Surgical Assistant's would clean down the couch and all portable equipment in the morning to prepare the room. All equipment was cleaned after use, once the patient vacated the room. There was an infection prevention and control policy which referenced current legislation and relevant guidelines.

Most equipment were single use items bar two types of equipment. The petri dishes used to keep hair grafts safe and separate during the procedure, and the handheld punch device used to extract the hair grafts. These two pieces of equipment were cleaned in house using an autoclave.

An autoclave uses steam to sterilise healthcare instruments. The autoclave was up to date with its annual validation from the manufacturer and was signed off by an external validated authorised engineer in decontamination. We saw up to date records that showed that staff that operated the autoclave were trained to use this piece of equipment. The service was fully compliant with Health Technical Memorandum (HTM) 01/01 Decontamination and management of surgical instruments.

We saw evidence that the service complied with HTM 04/01 Safe Water in Healthcare parts A, B and C. Staffed flushed taps weekly and had good awareness of legionella prevention.

Floors in the service showed compliance with Health Building Note (HBN) 00-10 Part A. They were in a good state of repair with no gaps which allowed for effective cleaning.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were adequate supplies of PPE including gloves which were latex free. Staff wore effective PPE whilst in the operating room such as gowns, gloves, hair nets and a face shield. Most staff were bare below the elbow, but we did see one staff member who was not bare below the elbow whilst in a procedure room with a patient. We looked at the latest clinical PPE audits, which showed 91% compliance. The audit outlined areas of improvement and good practice which was shared with staff. The service had set a date for the next PPE audit.

Sharps bins were dated and signed, were not overfilled and were temporarily closed when not in use.

Good

Surgery

Surgical Assistants cleaned equipment after patient contact and decontaminated the rooms. Cleaning logs were completed by Surgical Assistants and signed off by surgeons, all logs we looked at were completed well. An external company was used for general cleaning and were contracted between 6am and 10pm several days a week.

Staff worked effectively to prevent, identify and treat surgical site infections. The clinic had hand washing facilities with posters displaying good hand washing techniques in compliance with the World Health Organisation. The handwashing sinks complied with HBN 00/09. Hand sanitising gels were available throughout the clinic. We observed good hand washing and hygiene by staff. We looked at the last hand washing audit which showed 100% compliance with eight out of 9 measures observed. This included hand washing or sterilising hands before and after patient contact and before and after arranging stock items. The service identified areas of improvement and informed staff to ensure hand washing and sterilising after using the services computers and tablets.

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. We observed clear signs to notify patients and staff of fire exits within the clinic. The clinic had step free access into the building and the clinic was all on the ground floor. Toilets were designed to be wheelchair friendly; they were large and there was an emergency pull cord.

The service had suitable facilities to meet the needs of patients' families. There were 10 procedure rooms, a dedicated waiting area and a dedicated consultation area.

The service had enough suitable equipment to help them to safely care for patients. All 10 procedure rooms were fully equipped and stocked.

Staff carried out safety checks of specialist equipment. Staff had access to a fully equipped adult resuscitation grab bag, including an automated external defibrillator. This was located in room eight, a central room in the service. Staff recorded checks for the emergency grab bag, this was recorded electronically. We saw that all entries had been completed well and signed by staff.

Rooms were kept below 20 degrees Celsius to ensure the viability of the hair graphs. We observed all room temperatures were set accordingly. There were clear digital displays showing the room temperature which was easily controlled and adjusted with a hand monitor.

Electrical testing for electrical equipment was in date. We observed six pieces of equipment that had stickers indicating that they were electrical tested in June 2022. We looked at their latest electrical testing certificate which listed all electrical items at the service and had passed the electrical check. The next electrical testing was due June 2023.

Staff disposed of clinical waste safely. We observed appropriate waste management facilities which were safe and secure. We observed orange bagged hazardous waste bin compliant with HTM 07-01 Safe Management of Healthcare Waste.

We looked at a range of medical consumables which were found to all be in date and organised on surgical trolleys. However, in room five we saw an opened bag of saline and medical consumables left on a surgical trolley. We raised this with a surgeon, and this was removed and rectified immediately.

Good

Surgery

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

Doctors assessed the patients' full medical history and medications before the procedure. Patients were advised to stop certain medications such as blood thinners before their procedure. This was to ensure that the patient risks of exacerbate bleeding were reduced during surgery. The patient's medical history was repeated and re-signed on the day of surgery to go over medical issues or concerns.

Patients completed an in-depth medical questionnaire which included information such as skin disorders, heart conditions and allergies. Surgeons reviewed and went over answers with patients at the preassessment consultations. We saw that there was a set inclusion and exclusion criteria for surgery. The medical questionnaire also included COVID 19 vaccination statuses. The service had installed an infrared thermometer at reception to check patients' temperature immediately upon arrival.

We saw evidence that patients' allergies were documented, checked and reconfirmed at various intervals. Including at the preassessment stage, just before the procedure and before medicines were given to the patient to take at home. Allergy statuses were highlighted on patients' electronic medical records and appeared as an alert.

Medical questions were used to assess whether the patient was suitable for surgery. For example, the medical questionnaire asked if the patient had any mobility restrictions that could prevent them from staying in the same position for a long period of time. Patients who were unable to do this were not a suitable candidate for surgery.

The service used an adapted surgical checklist and assessment to assure themselves that they have the right patient in the treatment room. There was also a photograph of the patient used as part of the identification process.

We observed first aid information and who the first aider was displayed in the clinic. The surgeon allocated for the first aider that day held a pager for easy reach and communication. Surgeons rotated to be the first aider.

Staff were able to follow a deteriorating patient pathway in the event of an emergency. All medical staff had basic life support training and the surgeons had advanced life support training. All staff knew to call 999 in the event of an emergency.

Staff had training in sepsis awareness which was up to date and complete.

Staff risk assessed the risk of Venous Thromboembolism (VTE). Patients were able to mobilise during treatment reducing the risk of VTE. We looked at the VTE risk assessment which was in date and referred to NICE guidelines. There were no upper Body Mass Index (BMI) limitation however, the inclusion criteria stated that patients must be able to self-mobilise during and after the procedure to be suitable for surgery.

Surgeons would often avoid taking annual leave immediately after their surgeries so that they could be of assistance to their patients if required, post operatively. Robust processes ensured that there was always a surgeon available for patients post-surgery, which including an on-call rota.

The service had measures in place for Control of Substances Hazardous to Health (COSHH). We saw a large, locked cupboard for cleaning items such as bleach. We were assured that all COSHH items were locked away after use and stored correctly.

Good

Surgery

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough nursing and support staff to keep patients safe.

A clinical manager was employed to oversee the Surgical Assistants. The clinical manager accurately calculated and reviewed the number of Surgical Assistants needed for each day in accordance with national guidance.

All Surgical Assistants were put through an extended role to harvest the hair grafts and transplant hair grafts. Only the surgeons were able to make the cuts into the skin to determine where the hair was transplanted and direction of the hair growth. Harvesting hair grafts involves punching the skin rather than cutting the skin and therefore Surgical Assistants were not performing surgical aspects of the treatment.

The service had low sickness rates reported in the last 12 months. When a staff member was sick twice in one month the surgeons would be notified via text alert. The staff member would be invited to a meeting to follow up their sickness, discuss their wellbeing and asked to contact their GP.

All staff had appropriate hepatitis B vaccinations.

Medical staffing

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

The service had enough medical staff to keep patients safe and medical staff matched the planned number of patients per day.

All surgeons were registered with the General Medical Council, had up to date appraisals and were up to date with their revalidation.

The service had a good skill mix of medical staff. All surgeons were very experienced in the medical field and in different specialities. Surgeons had experience as accident and emergency doctors, general practitioners and other cosmetic specialities.

The service always had a consultant on call during evenings and weekends.

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. Patient notes were electronic at the consultation stage and patients were also able to input personal data onto their record. Records were stored securely and was password protected.

Notes taken during the surgery was scanned and uploaded onto the system. All paper-based notes were shredded once they were scanned onto the patient's electronic record.

Good

Surgery

All pre- and post-operative photos of the patients were scanned and attached to the patients electronic file.

We looked at two patient records and saw that each record followed a clear format and contained the relevant medical notes for surgery. This included a past medical history, known allergies and the consultation notes. The patients chose to inform their GP about their surgery, and this was documented in the patients notes.

Medicines

The service used systems and processes to prescribe, administer, record and store medicines. However, we found out of date emergency medication and medication intended for single use stored in medicine cabinets and not discarded after the initial use

Staff followed systems and processes to prescribe and administer medicines safely. Antimicrobials complied with local trust antibiotics guidelines.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Patients were given a discharge summary which highlighted the three medications to take post operatively. The summary included a table that listed how many tablets to take per medication. The table had seven days of medication instructions which was easy to read and understand. The discharge information gave alternative medication instructions if the patient had allergies to penicillin. Patients we spoke with were happy with the information provided about their medication and said that instruction were clear and easy to understand.

Staff stored and managed all medicines and prescribing documents safely. Staff completed medicines records accurately and kept them up to date. Each treatment room had a locked medicines cupboard. Medicines were supplied by a local pharmacy and were stored in a medicine stock room when treatment room medicine cupboards were full.

Each room had a bottle of sodium bicarbonate in the medicine cupboard which was intended for single use but had not been discarded after the first use. We raised this with the surgeon onsite and saw evidence that each bottle was removed from the treatment room and taken away by a pharmaceutical disposal company. The service has since decided to suspend the use of sodium bicarbonate for hair transplants.

We found five out of date bags on intralipid infusion and two boxes of out of date diazepam stored next to the emergency grab bag. This was raised with the surgeon on site and also removed from the service.

However, after the inspection the service was able to evidence how they had improved their systems for monitoring and storing medications The day after the inspection we saw medication logs that provided evidence that medication not for use and medication out of date was removed from the service by a pharmaceutical disposal company.

Incidents

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

There were no serious incidents reported in the last 12 months.

There were 38 incidents in the 12 months in the reporting from March 2022 to February 2023. These were recorded as surgical complications and included but not limited to; dry scalp, folliculitis, and itchiness.

Good

Surgery

Incidents were recorded electronically in the health care portal.

Staff knew what incidents to report and how to report them. If an incident occurred, staff said that they were able to raise concerns and report incidents, serious incidents and near misses in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had not needed to exert a duty of candour in the last 12 months.

Is the service effective?

Good

This was the first time we rated Effective. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as National Institute of Health and Care Excellence (NICE) and the International Society of Hair Restoration Surgery (ISHRS) professional standards for hair transplant surgeons.

The service received regular updates from NICE, Medical Healthcare products Regulatory Agency and Government guidance by email.

All surgical treatments followed a cooling off period in line with best practice. A cooling off period is a fixed length of time, normally two weeks for cosmetic surgery, after the consent process to allow patients to reflect on their decision. This followed guidance as set out in the Professional Standards for Cosmetic Surgery.

All polices were accessed electronically and a hardcopy of the polices were kept in a locked file at the reception. Polices were reviewed every three years in house by the registered manager. Policies were updated to reflect best practice and clinical guidance.

The service participated in clinical audits to monitor staff compliance with policy and latest guidance. An audit schedule was in place at the service for weekly, monthly and year audits. Audits included but not limited to included: emergency medicine, consent, surgical room cleaning, service and maintenance and medication room temperature audit.

Nutrition and hydration

Staff gave patients enough food and drink during their surgical appointment.

Staff made sure patients had enough to eat and drink during their surgical appointment. Patients we spoke with were happy with their lunch choices and were able to stop for lunch. Staff purchased food on the day of the surgery in

accordance with the patients dietary requirements and made conscious efforts to respect cultural and individual needs. Patients were usually offered a sandwich a piece of fruit and a drink. If the patient did not wish to eat the patient was able to take their lunch home with them. Patients completed a form with sandwich preferences which included allergies prior to the surgical procedure.

Patients were encouraged to have a light breakfast before their procedure. This was because patients were lying face down on their tummy for the first part of their procedure. Patients were discouraged to have caffeinated products 24 hours before their surgery and decaffeinated drinks and water were provided on the day of surgery. This was because caffeine can raise heart rates and blood pressure.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. A pain score was used to measure the patients pain using verbal communication as the patient was awake. Surgical assistances would ask the patients to rate their pain on a scale between one and 10. We observed Surgical Assistants checking patients pain threshold before continuing with the procedure.

Surgery was carried out under local anaesthetic; additional pain relief was also offered to patients if required. Patients received pain relief soon after requesting it and this was documented in the patients notes. Patients we spoke with described feeling very little pain and discomfort.

The surgeons prescribed, administered and recorded pain relief accurately on the patient's surgical notes.

Patient outcomes

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

Patients had an initial consultation with the surgeon, who would assess their suitability for treatment and advised approximately how many hair follicles were required to be transplanted, for an expected result. Younger patients were warned about the number of hair grafts per lifetime that they have.

Patients we spoke with informed us that hair lines were marked onto the skin with the surgeon's input and recommendations. Patients we spoke to were able to express their wishes for their overall outcome and surgeons did their best to meet the patients halfway to obtain a more natural look.

The surgeon informed us that photographs of the treatment site was taken on the day of the surgery to capture the before treatment look. We observed the consent forms which showed clear consent for these photographs to be taken.

Aftercare instructions were carefully explained to the patients. Patients were advised to purchase a neck pillow (amongst other items) to help keep their head off their pillows, to protect the hair grafts. This reduced the risk of hair follicles rubbing and falling out and provided better patient outcomes.

There was an after-care team known as patient liaisons that followed up with the patient on day two and at day 14 post operatively. This tied in with hair washing instructions which commenced on day three. Staff were also able to repeat useful information to the patients including medication regimes and useful reminders such as avoiding hats.

Good

Surgery

The surgeon saw the patient again at six and 12 months post operatively and captured the progress of the surgery via photographs.

Surgeons told us that it was very important for patient to be realistic about their expectations about their procedure. This helped to manage patient outcomes. Patients were informed that it took an average of 12 months to see the full effect of the hair transplant surgery.

There were no national standards for this type of surgery and no set objectives could be measured. All patients spoken with were very happy with their outcomes so far.

The provider had reported one surgical site infection in the last 12 months. We looked at the investigation and route cause analysis and found that learning outcomes had been put in place for preventative measures.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. There were four surgeons employed by the provider and one was the registered manager. The surgeons were fully registered with the General Medical Council, had a license to practice and had up to date criminal record checks. The surgeons combined had performed over 1200 hair transplant surgeries. Surgical Assistants had their identify verified, and checks were done on their vaccination status and curriculum vitae.

The clinical manager gave all new staff a full induction tailored to their role before they started work. Surgical Assistants had access to a training portal online which consisted of core skills training applicable to their role. Training included theoretical induction courses to hair transplant surgery and short educational videos made by the surgeons in the clinic. Courses included but were not limited to were: infection prevention control, the patient's journey, medications, sepsis management and equality and diversity. All modules needed to be marked as completed before moving onto the next module. The Surgical Assistants were required to sit an exam to demonstrate competence once they had completed the training. The exam required an 80% result or higher to the pass and if staff could not manage this, they were required to retake the test again. Surgical Assistants were on probation for six months before being signed off as competent.

The clinical manager supported Surgical Assistant to develop through regular, constructive appraisals of their work. Staff were appraised every six months or sooner if required. Staff had completed their most recent appraisal, and these were all up to date.

Surgical staff supported Surgical Assistants to develop through regular, constructive clinical supervision of their work. Surgeons made sure staff received specialist training for their role. Surgical Assistants were audited every three months by surgeons. If training needs were identified staff were paused from surgery until further training was completed, or staff were supervised until proven competent. Training was ongoing and staff repeated training every three weeks. Staff would focus on particular aspects of the surgery to re-focus and reemphasise particular skills. Some skills were not required frequently, or staff were not exposed to other skills as frequently, so refresher training was repeated to enhance these skills.

Good

Surgery

Surgeons identified poor staff performance promptly and supported staff to improve. Poor performance was pulled up immediately and individuals were removed from immediate patient care. Meetings were held to address poor performance with the surgeon and the clinical manager present. The staff member would be told how to improve and to revisit the training portal. The staff member would also be given a demonstration on a mannequin and was able to use the mannequin for practice before being signed off as competent.

All work carried out by the Surgical Assistants were checked by the surgeons.

All surgeons were up to date with their appraisals, either through an agency or as part of their NHS job contracts. All appraisals were saved on the providers human resources portal. All surgeons had their GMC revalidation once every five years.

Surgical staff ensured that all relevant changes and updates made at team meetings were disseminated to staff. The clinical manager was able to share such information and the service used a mobile phone application to pass information on to staff.

Multidisciplinary working

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

Surgeons and Surgical Assistants worked well together to provide good patient care.

Surgeons referred patients back to their GP for mental health assessments when they showed signs of mental ill health, such as depression.

Seven-day services

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

The service was opened seven days a week 10am to 6pm. Surgeries were normally performed six days a week.

Patients were required to schedule an appointment to be seen and was able to pick a day and surgeon that suited them.

Patients were able to contact a surgeon seven days a week post operatively. There was also an emergency on call rota where a patient could contact a surgeon 24 hours a day seven days a week. Patients we spoke with felt reassured that they could communicate with the service should they wish to after their procedure.

Health promotion

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

The service had relevant information promoting healthy lifestyles displayed on posters in the waiting area. Information included the effects on general health when smoking, drinking alcohol, the use of recreational drugs, poor personal hygiene and negative environmental conditions. The service promoted an active lifestyle to boost fitness, physical health, mental health and social benefits. The service also promoted an optimum weight to live better. This information was also found on the patient's portal and patients could access this in their own time.

Good

Surgery

The service informed us that where patients needs could not be met by the service, they were offered medical advice and solutions. For example, if a patient had a dry scalp the patient was advised on what shampoos could be purchased from high street shops to resolve their scalp condition before they could have surgery.

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 of at least 14 days between stages. They understood how to support patients.

The surgeon gained consent from patients for their care and treatment in line with legislation and guidance. Surgeons made sure patients consented to treatment based on all the information available. All treatment options were explained including the option not to proceed with treatment. The surgeon clearly recorded consent on the patients' records and documented that the consent form had been offered to the patient. Risks and benefits to surgery was clearly discussed and documented on the consent form.

Dual consent was taken,: once on the day of consultation and again after the cooling off period on the day of surgery. Patients were asked to sign a consent form on an electronic tablet. Patients were able to view their consent form on the patient portal and download a copy for their records. Patients were asked on the consent form if they were happy for their GP to know about their surgery. On the day of the surgery patients were asked to re-sign the consent form which was then counter signed by the surgeon.

The consent procedure involved telling the patient that a team of Surgical Assistants and the surgeon would be working on the patient together.

There was a mental capacity policy in date which was made available for all staff to refer to. The provider only accepted low risk, medically fit, self mobilising patients for surgery.

Staff received and kept up to date with training in autism awareness. Patients were asked to record full details of any mental health conditions that they suffer from on their medical questionnaire. Patients who presented with mental health conditions such as body dysmorphia were referred back to their GP for review. The service requested a fit for surgery letter from the GP before the surgery could commence.

Patients lacking capacity to consent were not treated at this provider. The surgeon discussed that cosmetic surgery would not be in the best interest of a patient who did not have the capacity to understand the surgery and the aftercare.

Patients with dementia would be considered for treatment on an individual basis, and this would be down to the surgeon's discretion. The service only treated patients from the age of 18 to 65. Patients under the age of 21 were asked to bring in their parents to their consultation and were given advice about natural receding hair lines and limited number of grafts that they could use within their lifetime.

Is the service caring?

Good

This was the first time we rated Caring. We rated it as good.

Good

Surgery

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.Each consultation was scheduled for 30 minutes. This gave enough time for meaningful interactions without feeling rushed. The surgeon spent a great deal of time explaining the procedure to the patient and answering all questions from the patient.

Patients we spoke with said that all staff treated them well and with kindness.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff followed policy to keep patient care and treatment confidential. The surgery was done behind a closed door and movement in and out of the treatment room was kept to operating staff only.

We saw staff reassuring patients throughout their treatment. We observed Surgical Assistants ensuring the comfort of the patient during the procedure.

Photos taken of the patients were only used for medical reasons and not for advertisement.

All follow up appointments were free of charge and were inclusive of the aftercare services.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Patients were invited to bring a companion into their consultation pre and post operatively. Staff did not question, encourage or pressure patients to tell close friends and family about the procedure. Instead they understood the personal reasons for why patients may choose to go through this surgery alone.

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. 85% of patients agreed or strongly agreed that the information provided preoperatively was adequate.

92% of patients rated the aftercare of the service a four or above out of five.

We saw good communication skills between staff and the patients during treatment.

Good

Surgery

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. A suggestion box was in the reception area and patients and family members could make suggestions anonymously on how to improve the service.

Patients could also make comments or queries through their patient portal and we observed that this was easy to locate and simple to use

Patients gave positive feedback about the service, 84% of patients reported to be happy to use this service again. We gained positive feedback from patients that we spoke with and observed positive feedback on the providers website, search engine and feedback platforms.

Staff supported patients to make informed decisions about their care. The surgeon ensured that the process for marking a new hairline was completed collaboratively between them and the patient. Explanations were given for the irregular hairline with both the patient and surgeon aiming for a natural look.

Patients we spoke with on the day said that they would recommend the service to their friends and family. The services patient's satisfaction survey showed 84% of patients would refer this service to someone else.

Is the service responsive?

Good

This was the first time we rated responsive. We rated it as good.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Patients had access to a patient portal and received login details via email. The portal had useful information and videos on how to prep for the procedure pre and post operatively. These videos could be accessed at a time that was convenient to the patient. The videos were recorded and voiced by the three surgeons in the service. Patients were given advice on sleeping and driving preoperatively and on clothing items to wear on the day of surgery. For example, patients were asked to refrain from wearing pull over tops and were advised to wear button down or zip tops to prevent clothing rubbing and pulling on hair grafts.

The patient portal included a facts and questions tab and listed useful questions that other patients had asked and the answers to these questions.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service employed a diverse team and many of the staff could speak a second language. The clinic was situated in London amongst a diverse population. Staff we spoke with said that most patients who could not speak English or where English was not their first language could interact with staff members using their preferred language. The service also had access to an interpretation service that covered 200 languages including Sign language. Surgeons had access to an online service that could translate helpful information such as after care instructions into a preferred language. These were printed off and given to patients.

The patient portal could also be viewed in different languages to suit the patient's needs.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

The building design was all on one level and was suitable for patients who used a wheelchair. The service also had a wheelchair for patients to use pre and post operatively if they wished.

The treatment couch had a full range of motion and staff could adjust the height to suit the patient's mobility and agility needs.

Patients who were unable to follow post-operative care and advice were not suitable candidates for surgery.

The service did not have a hearing loop for patients who were hard of hearing. The registered manager said they were looking into getting one installed as soon as possible.

Younger patients were warned about the number of hair grafts per lifetime that they have. They were encouraged to wait till a more mature age and were encouraged to think about their appearance in the future.

Access and flow

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

New patient enquires were responded to within seven to 10 days of making a request and were booked in for surgery four weeks from their consultation date.

Each patient was seen in person preoperatively by one of the three surgeons. Video call options were available for the patient too, if preferred, to suit the needs of patients who lived further away or had busy work schedules. Consultations were booked in as soon as possible at the most convenient time for the patient. Earliest dates for surgery were discussed at consultation.

There were no waiting times on the day of surgery, up to 10 patients a day could have surgery at the clinic. Patients were able to book in their surgery at a date that suited their personal needs and work commitments and request their preferred surgeon.

Managers worked to keep the number of missed appointments to a minimum. The service created an appointment system that generated an email and text message reminder to patients at one and three days before their appointment.

Appropriate numbers of staff worked on surgical days to make sure patients did not stay longer than they needed to.

Usually the doctor that saw the patient for the pre assessment consultation would normally carry out the surgery for the patient for continuity of care.

Surgeons did not cancel surgery at the last minute. If a surgeon could not make a surgery, there was always another surgeon available to cover the surgical list. Cancellations on the day of surgery was only done if there was a medical contraindication, this included high blood pressure and folliculitis.

When patients cancelled their appointments, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Good

Surgery

The service was designed to meet the needs of the patient. The service was set up as a one stop service where both consultation and surgery were performed.

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.

Patients knew how to complain or raise concerns. Patients were able to access the complaints procedure and feedback service through the patient portal. Patients were also encouraged to use alternative methods for making complaints or leaving feedback such as letters, emails and phone calls. Patients also had the opportunity to leave anonymous reviews to provide constructive feedback.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff understood the policy on complaints and knew how to handle them. There was a complaint policy available for staff to follow should there be a complaint.

The service clearly displayed information about how to raise a concern in patient areas. We observed a suggestion box in the waiting room and comments made were reviewed monthly.

The registered manager investigated complaints and identified themes. The manager shared feedback from complaints with staff and learning was used to improve the service. Managers made changes to their service as a direct response from patient feedback. Staff could give examples of how they used patient feedback to improve daily practice. This included providing light refreshments and snacks before a procedure.

Is the service well-led?

Good

This was the first time we rated Well-led. We rated it as good.

Leadership

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

The service was surgeon led. The service was run and led by the registered manager who had a large medical expertise in multiple fields. Combined, all three surgeons brought a mass of medical expertise, including emergency medicine and trauma. The registered manager reported to the Chief Executive Operator (CEO) who had a background in IT consultancy and business.

The registered manager was responsible for clinical governance and was the nominated safeguarding lead. The surgeon had yearly appraisals through the trust in which they worked in which covered topics such as complaints, compliments, achievements, significant events and patient feedback.

The registered manager held regular staff meetings where staff told us that they could voice their views and were listened to and valued.

Good

Surgery

Vision and Strategy

The service had a vision for what it wanted to achieve.

The service had an aim to provide both men and women suffering from hair loss with the very best quality and transplant techniques available, in a highly professional and human environment.

We did not see the services vision displayed in the service, nor did staff know what this was when questioned; however, staff were keen to provide the best quality service for their patients.

The surgeons were passionate about providing a good service for their patients who paid for the service. They showed commitment to achieve the best possible and safest outcome for their patient.

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.

The service was tailored to the needs of the patients and provided a clinical and welcoming environment for the patients' surgery. We reviewed the reviews left on review websites. We saw that the patients had positive, honest and accurate assessments and recommendations of the service, often quoting their surgeon by name.

Staff spoke highly of the surgeon and of their working environment. They praised the surgeons on their accountability, professionalism and work ethic.

Staff reported working in a friendly environment and often socialised amongst each other outside of the workplace.

All staff had completed equality and diversity training which was reviewed annually. Staff had good awareness of patients and each other's different needs and respect for different religious and cultural needs.

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 established a governance framework and produced records to demonstrate that processes were complete. For example, we saw surgical checklists, training matrix and protocols. Relevant governance policies and clinical guidelines were available and were well embedded. Polices were reviewed by the registered manager and kept up to date regularly.

Monthly staff meetings were attended by all staff in that day. We looked at the minutes of the last monthly staff meeting, there was a standard agenda of items to be discussed at each meeting. This included but not limited to:; COVID 19 pandemic related issues and updates, staff performance, staff rotas, complaints and education and training. Minutes of the meeting was circulated to all staff via the human resources portal.

The surgeons also held meetings every four weeks with the CEO, IT staff and the clinical manager. Information discussed included but not limited to infection prevention control, clinical issues, new surgical devises and payments. Full attendances were required at this meeting as decisions reflecting change and practice could be made in real time. Once decisions or changes had been made the clinical manager reported these changes to the Surgical Assistants. Changes were also escalated to staff through an application on staff mobile phones.

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.

There were clear effective processes for managing risks, issues and performance. The service conducted monthly and annual risk assessments and made regular updates to the risk register.

The risk register recorded a brief description, the severity and likelihood rating, mitigation measures, responsible person and a target review date. We looked at the service risk management policy which had been reviewed and was in date.

There was an up to date business continuity plan. The service had completed risk assessments included but were not limited to the environment, the building, COVID 19, fire risks and so on. The building had clear signs for exits and evacuation points in case of an emergency and had suitable protective equipment in case of a fire such as fire extinguishers. A sign in the waiting area stated the designated outside space to wait in case of an evacuation.

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 clinic used an electronic patient record management system, which centralised all patient data in one place. All electronical devices were password protected. All staff had up to date General Data Protection Regulation training.

The service had not sent any notifications to the CQC in the last 12 months, as they had not had any episodes which required CQC notification.

Systems were integrated and secure. Staff described information technology systems as fit for purpose.

Staff could find the data and information they needed. Polices were kept on the human resources electronic portal and hard copies were also located at the service.

Engagement

Leaders and staff engaged with patients.

The service had an easily accessible website where patients could make initial enquires with the service.

The service had two patient liaisons that contacted patients throughout the pre-operative and post-operative stages of the patient journey.

In the staff room there was a suggestions box where staff could make anonymous suggestions for improvements.

Good

Surgery

The service had a formal team meeting every month. Their purpose was to update staff on operations and share learning.

Pictures of the surgeons and their names were displayed in the waiting area for patients.

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.

The service had created its own tailored training portal for staff. The registered manager hoped to use mannequins in the future for training and wanted to extend the Surgical Assistants role further into Plasma Rich Protein procedures.

The registered manager was aiming to attend four conferences in the next 12 months and had been exploring the idea of an information sharing forum amongst other hair transplant practitioners.