CMDSOUZA LTD

The D'Souza Clinic

Inspection report

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

Ratings

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

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. They managed medicines well. 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.

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. They managed medicines well. The service had policies in place to manage incidents well and had the scope to practice shared learning. • Staff provided good care and treatment, gave patients enough food 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 and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to patients, families and carers. • The service planned care to take 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 long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. 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 all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to The D'Souza Clinic

The D’Souza Clinic is an independent clinic operated by CMDSOUZA LTD. The service opened in London Harley Street in December 2018. The clinic provides consultation, examinations and hair transplants. All surgeries are day cases and there are no overnight facilities. The clinic consists of one clinical room, an operating chair and microscopes. The clinical room doubles up as a consulting room on non-surgical days.

We carried out an unannounced inspection on 12 October 2022.

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 specialists advisor. The inspection was overseen by Nicola Wise, Head of Hospital inspections.

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.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

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

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.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules included fire safety, basic life support, General Data Protection Regulation and infection prevention control.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

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.

Hair Transplant Surgical Assistants (HTSA) 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 staff were able to give examples of abuse and knew how to report a safeguarding concern.

Good

Surgery

Staff knew how to make a safeguarding referrals and who to inform if they had concerns. We looked at the policy for safeguarding adults from harm, abuse or improper treatment which was issued 1 January 2022 and had a review date for 31 December 2022. The policy included a safeguarding flowchart to follow that contained all the relevant contact information to make a referral.

The clinic had a safeguarding lead trained to level three and the clinic also had access to a safeguarding lead trained to level four at the Westminster City Council safeguarding team.

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 clean and had suitable furnishings which were clean and well-maintained. Single use equipment was used during the procedure. The treatment couch was clean and wipeable and pedal bins were in use to minimise risk of infection.

Unlike many other surgical procedures, hair transplant surgery is not performed under sterile conditions. Only one patient can be treated per day at this clinic. Hair Technicians Surgical Assistant's (HTSA) would clean down the couch, microscopes 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.

Sterilisation of instruments were done by an external company but the initial bedside clean was performed by HTSA's as per guidelines set out by the department of health. We observed the cleaning schedule checklist which was signed and dated.

Rooms were cleaned every morning by an external company hired by the building.

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. A small area of the floor had lifted but this had already been reported to building manager and was scheduled to be repaired by the end of the month.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were adequate supplies of PPE including gloves and aprons which were latex free. On surgical days we observed staff wearing scrubs, were bare below the elbow and wore hair nets.

Staff worked effectively to prevent, identify and treat surgical site infections. The clinic had a hand washing station with posters displaying good hand washing techniques in compliance with the World Health Organisation. Hand sanitising gel was available throughout the building and in the clinic. The handwashing sink complied with HBN 00/09. We observed good hand washing and hygiene by staff.

Clinical and hazardous waste disposal was provided through a service level agreement organised through the building manager. Sharps bins were dated and signed, were not overfilled and were temporarily closed when not in use.

Good

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 reception area and the waiting area were located on the ground floor of the building. The clinic was on the fourth floor. The design of the environment followed national guidance. There was step free access into the clinic firstly via a portable ramp at the buildings entrance and then via a lift to the fourth floor.

The service had enough suitable equipment to help them to safely care for patients. The clinic was dual functional and had a dedicated space for consultations and a dedicated space for surgery.

Staff carried out safety checks of specialist equipment. Staff had access to a fully equipped adult resuscitation grab bag, which was located in the basement of the building. Staff had risked assessed that the location of the grab bag was fit for purpose. Equipment inside the grab bag included an automated external defibrillator and equipment to maintain airways and oxygen. We checked the log of the medications inside the grab bag and saw that the batch numbers and expiry dates were noted. The log was updated, checked and signed on a weekly basis; the last check recorded was on 11 October 2022.

Portable appliance testing (PAT) for electrical equipment was in date and was set to be re-tested every 18 months. We observed three chargers that were all PAT tested.

Staff disposed of clinical waste safely. There were sharp bins for surgical instruments in line with legislation. We also observed an orange hazardous waste bin in compliance with HBN 07/01 and the department of health 2013 safe management and disposal of healthcare waste.

We looked at a range of medical consumables which were found to all be in date and organised neatly in drawers. We looked at items such as syringes, skin markers, bandages and swabs we looked at 22 items in total.

Assessing and responding to patient risk

Staff completed and updated risk assessments for appropriate patients 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.

All procedures were low risk and were performed under local anaesthetic.

The surgeon individually assessed the risk for patients at risk for Venous Thromboembolism (VTE). It was not appropriate to risk assess every patient and this was not a standard practice in this setting. Patients seen were generally low risk patients and all patients were able to move at various times during the surgery. Despite this the clinic still stored compression stockings for patients that could present with a risk of VTE.

In the event of an emergency staff knew to call 999 to transfer a deteriorating patient to an NHS provider. This was clearly documented in the patient transfer policy. The policy documented basic life support flow charts for a deteriorating patient for both adult and paediatric patients. All staff were trained in basic life support.

Patients were screened for poor mental health on a preoperative questionnaire. The surgeon told us that they would assess every patients psychiatric and emotional health to determine if their patients had body image concerns, including body dysmorphia. This was done in line with professional guidance. The surgeon had access to a psychiatrist if patients needed to be referred on for further support.

Good

Surgery

The provider had adapted the WHO Health Organisation (WHO) safety checklist for patients having hair transplant surgery.

Staff had training on sepsis and had awareness of the sepsis pathway.

Patients who had undergone surgery had access to their surgeon post operatively. The surgeon avoided taking annual leave immediately after a patient's surgery, so that they were available for their patient. Measures were put in place for when the surgeon took leave and organised another surgeon to call his patients on his behalf.

We observed the surgeon explaining the risks to the hair follicles post procedure and providing clear protective instructions to the patient for after care post operatively.

Evacuation from the fourth floor had been risk assessed and tested in the last 12 months. The clinical manager checked that the building was up to date with checks on the fire extinguishers, lifts, emergency lighting and the emergency exits every six months.

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 staff to keep patients safe.

A clinical manager was employed to oversee HTSA. The surgeon accurately calculated and reviewed the number of HTSA's needed for each day in accordance with national guidance. HTSA staff were only scheduled to work on the days when a surgery was taking place and were self-employed.

The service had zero sickness rate in the last 12 months.

Managers made sure all staff had a full induction, completed their mandatory training and understood the service.

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.

There was one full time employed surgeon at the service which meant that the service had enough medical staff to keep patients safe.

The surgeon was registered with the General Medical Council and was up to date with revalidation. The surgeon was an executive committee of the British Association of Hair Restoration Surgery (BAHRS) since 2017 and was voted in as President in 2021. The surgeon was also an examiner and co-chair of the oral examination committee for the American Board of Hair Restoration Surgery (ABHRS) and was recently elected to the Board of Directors of the ABHRS.

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

Good

Surgery

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 taken electronically at the consultation stage and patients were also able to input personal data onto their record. Notes taken during the surgery was scanned and uploaded onto the system. All pre- and post-operative photos of the patients were scanned and attached to the patients electronic file.

Records were stored securely. The electronic record system was password protected and only two staff members had the password, the surgeon and the clinical manager.

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 a consultation. The records clearly documented the patient choice to inform their GP of the surgery.

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.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Each medication and use were explained to the patient before being given to the patient in the pre consultation before surgery. An information leaflet regarding the medication was given to the patient post operatively.

Staff stored and managed all medicines and prescribing documents safely. Staff completed medicine records accurately and kept them up to date. Staff documented serial numbers along with the names of each medication given to a patient.

We looked at the medications kept in a lockable cabinet which were all found to be in date. Medicines included pain relief medications and local anaesthetic. Medications were stored at room temperature and the temperature was controlled by a panel on the wall.

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 incidents reported in the last 12 months.

Incident forms were paper based and once completed they were scanned onto an electronic system.

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.

Good

Surgery

When incidents occurred, staff would receive feedback from investigation of incidents and would meet to discuss the feedback and look at improvements to patient care. The surgeon and the clinical manager would discuss these on a weekly basis, and this was disseminated to all the staff on a monthly basis.

Are Surgery effective?

Good

Our rating of effective stayed the same. 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. The service met 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. Clinical policies and procedures we reviewed were all in date and referenced relevant National Institute of Health and Care Excellence (NICE) and the British Association of Hair Restoration Surgery (BAHRS) 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.

Polices were reviewed every 12 months in house by the clinical manager. Policies were updated to reflect best practice and clinical guidance by an external reviewer. Polices for COVID 19 were reviewed six monthly.

Clinical audits were conducted once a year on medical records which looked specifically at the consent process. A random selection of 10 notes were reviewed for audit and results showed 100% compliance.

Nutrition and hydration

Staff gave patients enough food and drink during their surgical appointment. Patients we spoke with mentioned being offered snacks and drinks throughout the procedure as well as stopping for lunch. Patients were also allowed to bring in food of their choice. Patients had the option of having hot food delivered to the clinic using a mobile application and patients were able to choose preferred food and beverage items. Options included special dietary requirements to suit cultural and individual needs. A set time of 15 to 20 minutes was allocated for the patient to have a lunch break.

Refreshments were offered to the patient immediately upon arrival to the clinic.

Pain relief

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

Good

Surgery

Staff assessed patients' pain throughout the procedure and gave pain relief in line with individual needs and best practice. HTSA's looked out for non-verbal and verbal indications of pain. A pain score was used to measure the patients pain using verbal communication as the patient was awake.

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.

The surgeon prescribed, administered and recorded pain relief accurately. Co-codamol was offered to patient as a prophylaxis measure.

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.

We observed the surgeon taking photographs on the day of the surgery to capture the before treatment look. We observed patients consenting for these photographs to be taken.

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

The surgeon followed up with patients at six, 12 and 18 months and captured the progress of the surgery via photographs. Patients were informed that it took an average of 18 months to see the full effect of the hair transplant surgery.

The surgeon told us that some patients had unrealistic expectations of the surgery and managing these expectations were vital to ensure positive patient outcomes. The surgeon had said no to patients where expectations were not realistic or where the invasive aspect of the surgery outweighed the desires of the patient.

Patients we spoke with told us their outcomes were positive, consistent and met their expectations. 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 not reported any surgical site infections in the last 12 months.

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 was only one surgeon employed by the provider who was also the registered manager. The surgeon was fully registered with the General Medical Council with a license to practice and an up to date criminal record check. The surgeon was a diplomate

of the American Board of Hair Restoration Surgery. The surgeon was a member of the British Association of Hair Restoration Surgery, international Society of Hair Restoration Surgery and the Royal College of Surgeons. The surgeon had performed over 1300 hair transplant surgeries as well as other specialist surgeries in other areas such as plastic surgery and burns and trauma surgery.

The surgeon had a lengthy annual appraisal by a general surgery doctor.

Managers supported staff to develop through regular, constructive clinical supervision of their work. The clinical manager gave all new staff a full induction tailored to their role before they started work. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The managers supported staff to develop through yearly, constructive appraisals of their work. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

HTSA staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. HTSA staff had the competency to assess the graft under a microscope to check for quality. The clinical manager had assessed all staff competencies during the summer.

Multidisciplinary working

Staff had access to other professionals to provide good care.

The surgeon worked across health care disciplines and with other agencies when required to care for patients. This included psychiatrists, dermatologists and GP's.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression or body dysmorphia.

GP's were available on site to treat medical conditions such as scalp dryness or eczema.

Seven-day services

Patients could contact the service seven days a week for advice and support after their surgery.

The provider was open Monday to Friday from 9am to 5pm. Surgeries were normally performed on a Thursday and Friday. As a norm Monday, Tuesday and Wednesday were left for consultation days and follow up days. The surgeon was flexible about his surgical days to meet the needs of patients.

Patients were required to schedule an appointment to be seen.

Patients were able to contact the surgeon 7 days a week post operatively and was given a direct number to call to speak to the surgeon.

Health promotion

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

The service had relevant information promoting healthy lifestyles. Information leaflets on stands were available to patients in the waiting room such as free prescription delivery services, cancer information, chaperones, pharmacy information and caring for the skin.

Good

Surgery

The surgeon informed us that where patients needs could not be met by the service, he directed them to a service to meet their needs. For example, if a patient had eczema the patient was directed to a dermatologist to treat the underlying skin condition to make their skin suitable for surgery.

During the consultation underlying health issues was picked up, discussed and investigated by the surgeon. For example, if a patient had poor diabetic control this was discussed with the patient as there was a strong correlation between diabetes and effective hair transplant surgery. This was the same for patients who smoked or who were obese as smoking and obesity was associated with poor outcomes for 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. 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.

Patients consented to treatment based on all the information available. Patients we spoke with spoke highly of their surgeon and the vast information that was shared with them during the consultation.

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. A copy of the consent form was then emailed to the patient. Patients were also asked on the consent form if they were happy for their GP to know about their surgery.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 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 patients for surgery.

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.

Are Surgery caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Each consultation was scheduled in for up to 45 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. We observed during a pre-operative procedure compassionate communication from the surgeon to the patient. The surgeon checked to see how the patient arrived at the clinic and asked how they were getting home. Transportation arrangements were made for patients who had not made any prior to their appointment.

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

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

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The non-judgemental and understanding attitude extended to all patients and not just patients with mental health needs. Staff told us that they provided care and treatment for a very diverse group of patients and therefore it was essential to display non-judgemental attitudes.

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

We observed the surgeon doing their best to put the patient at ease and ensure that the patient was made to feel comfortable. All patients we spoke with made comments on how the surgeon was able to put them at ease with one patient saying that the surgeon had a good bedside manner.

The surgeon needed to mark on a new hair line for the patient but explained what they were about to do before touching the patient. The surgeon then asked the patient if they were happy with this new hair line and explained the best ways to achieve a natural result, for example making the hairline irregular.

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. Staff explained that patients often felt sensitive about the appearance of their hair which often knocked their confidence. Staff said it was important to provide support to enable them to go forward with their journey, but not pressuring patients to go ahead with surgery.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff did not question or force 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. Patients were invited to bring a companion into their consultation pre and post operatively.

Good

Surgery

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were emailed the complaints policy and invited to leave reviews on search engines and online feedback tools anonymously.

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 gave positive feedback about the service. We gained positive feedback from patients that we spoke with and observed positive feedback on the providers website, search engine and feedback platforms.

We observed a pre-operative consultation with a patient on the day of inspection. We saw that the surgeon used simple language and had good communication skills.

Hair transplants were normally performed on shorter cut hair. But the surgeon allowed patients a preference to keep their hair length at their preferred length for surgery.

Patients had the opportunity to bring in family and friends to consultations, but it was not deemed appropriate to attend the surgical appointment.

Are Surgery responsive?

Good

Our rating of responsive stayed the same. 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. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

The provider provided elective cosmetic surgery to patients over the age of 18 years old. There were no facilities to support an overnight stay which was appropriate for this type of surgery.

The service was surgeon led. There was only one surgeon at the service, and patients saw this surgeon at both consultations and for surgery. Patients we spoke with commented that they were happy to see the same person throughout their journey. This meant that the service had a strong continuity of care approach.

The service provided three follow up appointments routinely for evey single patient who had undergone surgery as part of their aftercare. All these appointments were free and were with the surgeon.

Patients commented that being a surgeon led service was highly desirable and was one of the swaying factors for choosing this provider. Patients did not meet with sale or advisors in the first instant which patients were happy with.

Good

Surgery

Consultations were carried out in person and the treatment plans were formed together. There was a two-way process of managing expectations achieved by at length discussions. We observed the surgeon informing patients how long the surgery would take and ensuring patients that lunch could be provided to meet the patient's choice and dietary needs.

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

Patients could access tea, coffee, water, newspapers, magazines and a television in the waiting area. Toilets were available and clearly sign marked on various floors.

Patients living with a disability could access the clinic and suitable measures were put in place for patients with sensory loss. The building had a portable ramp to access the main door and a lift was available inside the clinic. The clinic also had access to a hoist on the fifth floor if required.

Staff had access to interpreters when patients required this. Information leaflets could be printed in other languages to meet the needs of the patient. The provider also had access to language line.

Hearing loops were available for patients with a hearing impairment.

Access and flow

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

New patient enquires were responded to within 24 hours of making a request. Calls to book appointments were taken between the hours of 9am and 5pm. An answerphone messaging service operated outside of these hours and directed patients to an email address and the providers website. The service had a bespoke booking system which allowed patients to book their own appointments online.

Each patient was seen in person preoperatively by the surgeon. 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. Patients always had a follow up email sent by the clinical manager where booking processes could be discussed further.

There were no waiting times on the day of surgery, only one patient a day could have surgery on surgical days. Patients were able to book in their surgery at a date that suited their personal needs and work commitments.

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

Patients did not have their surgery appointments cancelled at the last minute. The surgeon was aware that patients booked this type of surgery well in advance and around work commitments; often taking annual leave from work post operatively. The surgeon had never cancelled a surgical appointment.

When patients cancelled their appointments, managers made sure they were rearranged as soon as possible and within national targets and guidance. There were five cancellations made by patients in the last 12 months.

Follow up appointments were booked routinely at six, 12 and 18 months post operatively and were at no additional cost.

Good

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 knew how to complain or raise concerns. Patients were emailed the complaints procedure after their initial consultation, which explained the steps to take when considering complaints. Patients also had the opportunity to leave anonymous reviews to provide constructive feedback. Staff could give examples of how they used patient feedback to improve daily practice.

Staff understood the policy on complaints and knew how to handle them. There was a compliant policy available for staff to follow should a there be a complaint.

The service did not display information about how to raise a concern in patient areas. The building regulations did not allow excessive hanging of posters on the walls. The surgeon was currently adding the complaints procedure to the provider's website.

There were no complaints made in the last 12 months. Should a complaint arise managers would investigate complaints and try to identify themes.

Staff we spoke with knew how to acknowledge complaints and ensured us that patients would receive feedback from managers after the investigation into their complaint, should a complaint arise.

The provider was a member of the Cosmetic Redress Scheme (CRS), with the purpose to allow practitioners to comply with their legal requirements to signpost patients to a government authorised consumer redress scheme and to settle or resolve complaints made by patients.

Are Surgery well-led?

Good

Our rating of well-led stayed the same. 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 leadership of the clinic hold several accredited examining and membership positions of restorative and hair transplant professional bodies. The service was led by the surgeon who was the medical director of the provider, the registered manager and the CQC nominated individual. The surgeon had performed over 1300 hair transplant surgeries.

The clinical manager was responsible for clinical governance and the surgeon was the nominated safeguarding lead. The surgeon had yearly appraisals which covered topics such as complaints and compliments, significant events, colleague and patient feedback.

Good

Surgery

Staff attended conferences in association with hair transplants regularly up to twice a year with the BAHRS, ABHRS and International Society of Hair Restoration Surgery (ISHRS). The surgeon was the current president of BAHRS and sat on the board of directors of the ABHRS. The surgeon holds the ABHRS Hair Transplant Excellence award and was of 6 surgeons within the UK who does.

The clinical manager was also a member of the BAHRS and was one of the few HTSAs in the UK to maintain membership in the BAHRS and participate actively. The clinical manager also attended the annual ISHRS conferences and was on the HTSA Training Committee.

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

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The surgeon was 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.

There was no formal vision for the service, but the registered manager said that this will be developed and implemented soon and added to their website.

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 relaxing and welcoming environment for the patients' surgery. The culture of the service was one of transparency and honestly. We reviewed the reviews left on the providers website. We saw that the patients had honest and accurate assessments and recommendations. This included at times a decision made by the surgeon not to progress with surgery and put forward other treatment plans in the best interest of the patient.

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

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

There was a whistleblowing policy for staff to follow should the need arise to make a discrete comment about the provider to the provider.

All staff had completed equality and diversity training which was reviewed annually. Staff we spoke with 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.

Good

Surgery

The service had an in date good governance policy which provided a clear structure for governance processes. The service had established a governance framework and produced records to demonstrate that processes were complete. For example, we saw WHO surgical checklist, training matrix and protocols. Relevant governance policies and clinical guidelines were available and were well embedded. Polices were reviewed by the clinical manager and kept up to date on a yearly basis.

Monthly staff meetings were attended by all staff. We looked at the minutes of the last monthly staff meeting, items discussed included but not limited to; business and industry news, feedback from patients, regulatory updates and training.

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 six monthly and annual risk assessments and made regular updates to the risk register.

The risk register recorded the locations of risk, a brief analysis, a description, the severity and likelihood rating, mitigation measures, responsible person and a target review date.

There was an up to date business continuity plan.

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 devises were password protected and only the surgeon and clinical manager knew the password.

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. Information technology systems were in place to ensure that patients did not have to wait too long to access the practice which were established 18 months ago.

Staff could find the data and information they needed. They had access to a folder that held information relating to policies, procedures, professional guidance and training. The clinical polices were easy to access via a physical folder kept at the clinic at all times. Staff told us that they were informed of any changes to policies and processes by email or at meetings.

Engagement

Leaders and staff actively and openly engaged with patients.

Patients we spoke with told us they could directly email or call their surgeon for advice or queries.

Good

Surgery

The service gathered people's view and experiences through patient informal discussions, compliments, patient surveys and complaints. Feedback was requested after treatment and consultation. Patients also had the option to leave anonymous feedback via online tools.

The service has an easily accessible website where patients were able to leave feedback. Patient feedback and testimonials were displayed on the providers website.

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

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The surgeon told us that he was always striving to improve and focus on reflective practice.

Staff were committed to learning and improving. The staff undertook 16 indvidual training courses to keep up to date with best practice. Staff spoke about how managers supported them to attend conferences that supported their development and contributed to improving services. Conferences were attended every six months for BAHRS and yearly for ISHRS and ABHRS.