

Komao Medical

Inspection report

St. Stephens House
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London
W12 8LH
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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 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Komao Medical as part of our inspection programme. This was the first inspection of this service after the provider had registered with the CQC in March 2019.

Komao provide hair transplant surgery and private GP services. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Komao provides non-surgical cosmetic interventions, for example, anti-wrinkle treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The owner and GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We reviewed feedback the service received from two patients. Both patients rated the service as ‘Excellent’ with five out of five stars.

Our key findings were:

The service had not been previously inspected as having been registered March 2019. Despite the reduced regulated activity as a result of the pandemic, we found the following areas of good practice:

- The service had clinical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the treatment rooms clean.
- Systems for the management of emergency medicines and emergency equipment, were operating effectively.
- Staff we spoke with told us how they would care for a patient in a respectful and kind manner.

Overall summary

- The service involved patients in decisions about their care and treatment and took into account their individual needs.
- The service encouraged feedback from patients. Staff encouraged patients to leave an online review or complete a handwritten survey and these were used to monitor performance.

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

- Formalise a 'Medicines Management' policy.
- Provide information for patients on the service website about how to raise concerns or make a complaint.
- Formalise arrangements for the handling of patient information in the event of the service ceasing to trade.
- Formalise a business strategy and develop supporting business plans to achieve service priorities.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC Specialist Adviser.

Background to Komao Medical

Komao Medical is an independent provider of hair transplant surgery and GP services.

Komao Medical have a clinic based in Shepherds Bush:

St Stephens House

41 Uxbridge Road

London

W12 8LH

Information about the service can be found at: www.komao.org.uk

Komao is registered with the Care Quality Commission to provide the regulated activities treatment of disease, disorder or injury, surgical procedures and diagnostic and screening.

All treatments and consultations are performed by Dr Aman Sharma.

The service also offers the following which are not covered under the scope of our registration and as such were not inspected or reported on:

- Anti-wrinkle Botox injectables

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

The service working hours are 09:00am to 17:00pm Monday to Friday, and 10:00am to 13:00pm on Saturday, however patients could email the service 24 hours a day.

At the time of our inspection, the GP was the sole staff member associated with the delivery of the regulated activities and providing the patient-facing element of the service.

How we inspected this service

Prior to our inspection, a 'Provider Information Return' was received from the service and reviewed. We collated client feedback received by the service, interviewed staff and reviewed documentation.

During our visit we:

- Spoke with the Registered Manager for the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Viewed four patient records.
- Made observations of the clinic treatment rooms.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Are services safe?

We rated safe as Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The service had a number of systems to keep patients safe and safeguarded from abuse. It had appropriate safety policies, which were regularly reviewed. The GP was aware of safeguarding procedures for the service and they knew how to identify and report concerns. The GP was trained in adult safeguarding and child protection level 3.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At the time of our inspection, the GP was the sole staff member however, previous administrative staff employed underwent appropriate recruitment checks.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence of appropriate Portable Appliance Testing (PAT) and calibration of equipment and a comprehensive inventory of all equipment was maintained.
- There was an effective system to manage infection prevention and control and actions to improve infection control had been undertaken such as infection control training and infection control audits. We saw evidence of an infection control audit form which was used routinely to monitor infection control. There were systems for safely managing healthcare waste including sharps. Sterile single use medical equipment was used.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed, for example, in the event of a patient hair transplant procedure appointment.
- At the time of our inspection, the GP was the sole employee, however previous administrative staff received an effective induction tailored to their role, and appropriate recruitment procedures were in place.
- The GP understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There was a 'Resuscitation Policy' in place and there were suitable medicines and equipment to deal with medical emergencies which were stored appropriately.
- There were appropriate indemnity arrangements in place which provided cover for all treatments provided by the service including those outside of CQC scope of registration.

Are services safe?

- All patients receiving at face to face appointment were required to undertake a COVID 19 screening questionnaire prior to their appointment.
- The GP wore industry standard personal protective equipment (PPE) which included a face mask and gloves. The GP maintained two metres except for the short period of time in which it is required to approach patients for treatment.

Information to deliver safe care and treatment

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

- Individual care records were generated using the 'Private Practice Software' (PPS) clinical system and were managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- All patients were required to provide photographic identification as part of the consultation process prior to receiving any treatment which was recorded on the clinical system.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. The service always requested the NHS GP details from patients and provided information about their care and treatment.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The service had a contract with a local pharmacy for all patient prescriptions to be dispensed from.
- The service had made the clinical decision to not prescribe medicines liable to abuse or misuse, and those for the treatment of long-term conditions, however they had not formalised this with a Medicines Management policy.

Track record on safety and incidents

The service had a good safety record.

- The service had evidence of risk assessments for health and safety, infection control, and fire which had been undertaken and organised by the GP and the premises owner.

Are services safe?

- We saw evidence of a comprehensive risk management and health and safety policy and fire evacuation protocol.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system and policy in place for recording and acting on significant events and we saw evidence of an 'Incident Register and Record Form.' The GP understood their duty to raise concerns and report incidents and near misses however, since their registration with the CQC, we were told the service had not encountered any significant events.
- The service was aware of the requirements of the Duty of Candour.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, the service had complied with the NHS England guidelines for COVID 19.

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

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

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- The GP received both NICE guidance and MHRA safety alerts via email and assessed these to ensure care was delivered in line with these.
- The GP kept up to date with the latest proven techniques and protocols for hair transplant procedures.
- Patient consultations included a full medical history and exploration of patient expectations. As part of the consultation patients received a full Digital Pro-Scope analysis of the scalp which facilitated predicting future hair loss and an analysis of hair follicles.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

There was limited quality improvement activity.

- The service registered with the CQC in March 2019 and as a result of the impact of the COVID-19 pandemic, had undertaken minimum regulated activities. As a result, there was limited quality improvement activity. However, the service had an audit policy in place and had undertaken infection control audits and medicines stock checks to coincide with the fluctuating appointment demand.

Effective staffing

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

- The GP was appropriately qualified and had undertaken intensive training in dermatologic surgery and hair transplantation.
- The GP was registered with the General Medical Council (GMC) and up to date with appraisal and revalidation.
- Up to date records of training were maintained. The GP was keen to develop his skills and training and was planning to expand the service offered to patients to sebaceous cyst and mole removal procedures in the future.

Are services effective?

- Although at the time of the inspection no other staff were employed besides the GP, the service had appropriate systems ready in place for the safe recruitment of staff and appropriate induction and appraisal processes.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care.
- Before providing treatment, the GP ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GP on each occasion they used the service. We saw evidence of a patient consent form for the service to send a report to the patient's NHS GP regarding the care and treatment provided.

Supporting patients to live healthier lives

Staff empowered patients and supported them to manage their own health.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate, highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service.
- The service website included a 'Blog' which provided patients with health information such as different treatment methods for migraines and how to avoid migraine 'triggers' by making lifestyle changes.

Consent to care and treatment

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

- The GP understood the requirements of legislation and guidance when considering consent and decision making.
- The GP supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- There was a consent policy in place and patients were required to give both verbal and written consent prior to treatment. For hair transplant procedures, the service ensured patients understood the potential risks of treatment and the limitations of the treatment.
- We saw evidence of a consent form for hair transplant procedures which detailed possible complications and side effects and if the patient consented to have their treatment photographed.

Are services effective?

- The service had developed 'Terms and Conditions' for patients to facilitate managing expectations and informing patients of service limitations.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

During our inspection we were unable to observe any clinical patient interactions or speak with any patients as there were no patient bookings on the day of our visit, however we were able to review online feedback from patients which was entirely positive about the service and the treatment they received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service was committed to providing hair loss sufferers with tailored advice and had compassion for hair loss sufferers.
- The service sought feedback on the customer service patients received as well as the quality of the clinical care.
- Feedback from patients was positive about the way staff treat people. Patients appreciated the personal interaction the service provided and the comprehensive aftercare which was free of charge.

Involvement in decisions about care and treatment

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

- The service offered patients free advice and consultations including video consultations as well as free aftercare and advice. Patients contemplating a hair transplant were able to consult with the service for a free, non-obligatory quote for the cost of the procedure.
- The GP strived to give patients sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The service website included a 'Blog' section which included specific information about hair transplant procedures such as; 'Am I a good hair transplant candidate?', 'Will I need follow-up surgeries?', and 'What should I expect after surgery?'; to assist patients in making informed decisions.
- The website also provided a photo gallery of before and after results of hair transplant procedures of past patients.
- Patients were also provided with both pre-operative and post-operative instructions.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The GP recognised the importance of people's privacy, dignity and respect.
- We saw evidence of a 'Privacy & Dignity' policy which stated it was service policy that patient consultations were undertaken in a private room, facilities for patients to change were made available, Data Protection Act guidelines were to be followed, and the service annual report would not reveal any patient identifiable information.

Are services caring?

- The clinic environment ensured the privacy of patients and conversations could not be overheard in the consulting rooms.

Are services responsive to people's needs?

We rated responsive as Good because:

The service understood the needs of their patients and improved services in response to those needs.

Responding to and meeting people's needs

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

- The GP strived to offer patients a bespoke and personal service.
- The facilities and premises were appropriate for the services delivered.
- The service understood the needs of their patients and improved services in response to those needs. Both face to face and video consultations were available for patients to access depending on their preferences.
- Patients were offered Follicular Unit Extraction (FUE) and Follicular Unit Transplantation (FUT) hair transplant procedures as well as bespoke medical hair loss treatments to meet their needs.
- For patients whose first language wasn't English, the service arranged for an interpreter or used 'Language Line.' Assistance was also available for patients with hearing impairments.
- Patients were able to make enquiries to the service via the main telephone number, email or the social media platform, 'Instagram.'

Timely access to the service

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

- The service working hours are 09:00am to 17:00pm Monday to Friday and 10:00am to 13:00pm on Saturday however patients could email the service 24 hours a day.
- Out of hours, if necessary, patients were able to contact the GP via a mobile telephone number.
- The service operated a 24-hour cancellation policy.
- Patients had timely access to initial consultation, diagnosis and treatment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously

- The service had a complaint policy and procedure in place however, information about how to make a complaint or raise concerns was not available on the service website.

Are services responsive to people's needs?

- Staff informed us they had received no complaints since the service had registered with the CQC in March 2019, however if a complaint was received, patients would be treated respectfully, and a resolution would be identified for the patient. We saw evidence of a 'Complaints Register' which was in place in order to record any complaints received and be able to analyse any trends and identify learning.
- The GP was proactive in trying to manage patient expectations specifically in relation to hair transplant procedures. The service website explained to patients, different individuals get different results after having a hair transplant procedure and they will assess and inform patients how successful the operation is likely to be prior to treatment. In the event of a patient not being satisfied with the results of their hair transplant, the service offers patients a biopsy procedure to assess what went wrong and offered touch-up sessions depending on the results of this procedure.

Are services well-led?

We rated well-led as Good because:

The way the service was led and managed promoted the delivery of high-quality, person-centre care.

Leadership capacity and capability;

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

- The service had effective processes to develop leadership capacity and skills, including planning for the future expansion of the clinical and non-clinical team.

Vision and strategy

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

- The service vision was to strive to be acknowledged by patients, suppliers and regulators as a leader in medical services by ensuring they recruit and train highly professional staff whose ambitions are to exceed patient expectations.
- The service aims were:
 - To understand and exceed the expectation of patients
 - To both motivate and invest in staff and acknowledge their value
 - To encourage all staff to participate in achieving the service aims and objectives
 - To invest in property, equipment and technology and innovate processes based on a measured business case.
- The GP had developed objectives in order to deliver a high standard of service in line with professional standards. These included being accountable for individual performance, maintaining the highest professional and ethical standards and rapidly responding to the needs of patients.
- The service however did not have a formalised strategy in place and a supporting business plans to achieve priorities.

Culture

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

- The service focused on the needs of patients and the GP reported they had modified the business due to the COVID 19 pandemic accordingly.
- The service was aware of and had systems to ensure compliance with, the requirements of the Duty of Candour. We saw evidence of a Duty of Candour policy to ensure service staff were open and honest with patients in the event of something going wrong with their care and treatment.

Are services well-led?

- At the time of our inspection the sole member of staff was the GP, Dr Aman Sharma, however the service had 'Bullying and Harassment' and 'Whistleblowing' policies in place ready to support any new employees in the future.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were in place.
- The GP was clear on their role and accountabilities.
- The GP had established a full complement of necessary policies and procedures to govern activity which were available on an online cloud-based server.
- We saw evidence of a 'Policy Amendment Record' which was used to record when a change to a service policy was made. Detail of the new policy version number was recorded as well as the type and description of the change which had been implemented.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The service had adapted and developed the services they offered patients in response to the COVID 19 pandemic.
- There had been no incidents or complaints since the service's registration, however we saw evidence of appropriate policy documents and systems in place to address these effectively in the event of their occurrence.
- Due to the limited number of regulated activities undertaken since registration as a result of the pandemic, there had been no clinical audits undertaken to improve quality.
- The service had a business continuity plan in place and was prepared for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patient feedback information was used to monitor performance and the delivery of the quality care.
- The service adhered to the Data Protection Act 1998 and General Data Protection Regulations in relation to patient information.

Are services well-led?

- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the service had not made any formal arrangements for patient identifiable information if they ceased trading.

Engagement with patients, the public, staff and external partners

The service involved their clients to support high-quality sustainable services.

- The GP could describe to us the systems in place to give feedback. Patients were encouraged to provide verbal, written and online feedback.
- The service had a 'Patient's Views' policy and it was the aim of Komao Medical to obtain the views of patients at least once during their course of treatment and to use this information to inform the provision of treatment and care of prospective patients.
- All patients were notified of the availability of the patient survey within the clinic. The service also had systems in place to carry out annual and regular random patient surveys regarding the quality of treatment care provided, however this had not been undertaken as a result of the impact of COVID-19 on consultations.
- As a result of the pandemic, the service had been significantly impacted with the number of consultations they had undertaken and therefore feedback was minimal. We reviewed the feedback from two patients who positive about the service they received and rated the service 5 out of 5 stars.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

- The service was committed to improving services however, the service was registered with the CQC in March 2019 and was relatively new as well as being significantly impacted by the pandemic resulting in a limited number of consultations and procedures so far.
- There had been no significant events or complaints since registration with the CQC and therefore there were no examples to demonstrate learning to make improvements to the service.
- The Registered Manager did inform us however, of future plans for the service to develop and offer sebaceous cyst and mole removal procedures for patients.